## U.S. and Canada

## A.A. English District Committee Member & District Committee Member Chair Change Form

Effective Date:

	T
Outgoing DCM (District Committee Member)	Incoming DCM (District Committee Member)
District: Language of District:	District: Language of District:
(Please indicate District #) English □ Spanish □ French □	(Please indicate District #) English □ Spanish □ French □
Name:	Name:
Address:	Address:
City:	City:
State/Province:	State/Province:
Zip/Postal Code:	Zip/Postal Code:
Phone:	Phone:
Home □ Business □	Home □ Business □
Email:	Email:
Outgoing DCMC (District Committee Member Chair)	Incoming DCM (District Committee Member Chair)
District: Language of District:   (Please indicate District #) English □ Spanish □ French □	District: Language of District:   (Please indicate District #) English □ Spanish □ French □
Name:	Name:
Address:	Address:
City:	City:
State/Province:	State/Province:
State/1 Tovince.	
Zip/Postal Code:	Zip/Postal Code:
Zip/Postal Code:	Zip/Postal Code:

Please return to: A.A. World Services, Inc. Records Department

Area:\_\_\_\_\_

P.O. Box 459, Grand Central Station

New York, NY 10163

Or fax to: (212) 870-3003 Or email to: the Area 40 Secretary at

Attn: Records secretary@aa-montana.org

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