

# U.S. and Canada A.A. District Committee Member & District Committee Member Chair Change Form

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

Effective Date: \_\_\_\_\_

<b>Outgoing DCM</b> (District Committee Member) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ <div style="text-align: right;">Home <input type="checkbox"/> Business <input type="checkbox"/></div>	<b>Incoming DCM</b> (District Committee Member) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ <div style="text-align: right;">Home <input type="checkbox"/> Business <input type="checkbox"/></div>
<b>Outgoing DCMC</b> (District Committee Member Chair) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ <div style="text-align: right;">Home <input type="checkbox"/> Business <input type="checkbox"/></div>	<b>Incoming DCMC</b> (District Committee Member Chair) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ <div style="text-align: right;">Home <input type="checkbox"/> Business <input type="checkbox"/></div>

## RETURN THIS FORM TO

### By Mail:

Area 62 Registrar

11 Oneal Road

Beaufort SC 29907

E-Mail: [62regis@area62.org](mailto:62regis@area62.org)

Once complete information is entered into the database by GSO or the Area Registrar a request for a DCM kit will be generated the next business day. Kit contents are available by selecting the "Information for A.A. Members" tab then selecting "Information for G.S.R.s and DCMs" on [www.aa.org](http://www.aa.org). Please allow 7-14 business days for kit delivery.