

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

Effective Date: _____

Area 46

Incoming DCM (District Committee Member)

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Outgoing DCM (District Committee Member)

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Incoming DCMC (District Committee Meeting Chair) – if applicable

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Outgoing DCMC (District Committee Meeting Chair) – if applicable

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Incoming Alternate DCM

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Outgoing Alternate DCM

Name: _____ District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (check one) home work

Email: _____ (check one) home work

Return to: Area 46 Registrar, 1804 Pearl Rd, Carlsbad, NM 882220
Email: registrar@nm-aa.org