

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

Area #: _____

Effective Date: _____

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

Please return to: registrar@marylandaa.org

Or Mail to: Maryland General Service Inc.
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Westminster, MD 21158