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

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Area #:	Effec	tive Date:		

Outgoing DCM (District Committee Member)	Incoming DCM (District Committee Member)	
District: (Please indicate District #)	District: (Please indicate District #)	
District Language: ☐ English ☐ Spanish ☐ French	District Language: English Spanish French	
Name:	Name:	
Address:	Address:	
City:	City:	
State/Province:	State/Province:	
Postal Code:	Postal Code:	
Email:	Email:	
Telephone:	Telephone:	
Home Business	Home Business	
Outgoing Alt. DCM (Alt. District Committee Member)	Incoming Alt. DCM (Alt. District Committee Member)	
District: (Please indicate District #)	District: (Please indicate District #)	
District Language: ☐ English ☐ Spanish ☐ French	District Language: English Spanish French	
Name:	Name:	
Address:	Address:	
City:	City:	
State/Province:	State/Province:	
Postal Code:	Postal Code:	
Email:	Email:	
Telephone:	Telephone:	
Home Business	Home Business	
Outgoing DCMC (District Committee Meeting Chair)	Incoming DCMC (Alt District Committee Meeting Chair)	
District: (Please indicate District #)	District: (Please indicate District #)	
District Language: English Spanish French	District Language: ☐ English ☐ Spanish ☐ French	
Name:	Name:	
Address:	Address:	
City:	City:	
State/Province:	State/Province:	
Postal Code:	Postal Code:	
Email:	Email:	
Telephone:	Telephone:	
Home Business	Home Business	

Please return to: registrar@marylandaa.org

Or Mail to: Maryland General Service Inc.

P.O. Box 2651

Westminster, MD 21158

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