

AREA 57 ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

DISTRICT NUMBER: (Circle One) 10 20 30 40 50 60 70 80 DATE COMPLETED _____

Completed by (Name) _____

Incoming DISTRICT CHAIR: **Name** _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Term: ____ Year(s)
Name of District Chair being replaced: _____

Incoming DCM (District Committee Member): **Cluster or Zone of Dist. (if any)** _____
Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Term: ____ Year(s)
Name of DCM being replaced: _____

Incoming DCM (District Committee Member): **Cluster or Zone of Dist. (if any)** _____
Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Term: ____ Year(s)
Name of DCM being replaced: _____

Incoming ALTERNATE DCM: **Cluster or Zone of Dist. (if any)** _____
Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Term: ____ Year(s)
Name of Alt. DCM being replaced: _____

Incoming ALTERNATE DCM: **Cluster or Zone of Dist. (if any)** _____
Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Term: ____ Year(s)
Name of Alt. DCM being replaced: _____

Incoming District Service Committee Chair - for the _____ Committee:

Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Tern: ____ Year(s)

Name of Dist. Service Committee Chair being replaced: _____

Incoming District Service Committee Chair - for the _____ Committee:

Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Tern: ____ Year(s)

Name of Dist. Service Committee Chair being replaced: _____

Incoming District Service Committee Chair - for the _____ Committee:

Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Tern: ____ Year(s)

Name of Dist. Service Committee Chair being replaced: _____

Incoming 1) District Secretary _____ or 2) District Treasurer _____

Name _____
Address _____ City _____ ST _____ Zip _____
Home Group _____ Home Phone Number (____) _____ Cell Phone (____) _____
E-mail Address (if any) _____
Effective Date: _____ Tern: ____ Year(s)

Name of Secretary or Treasurer being replaced: _____

Mail this form to:

State AA Committee Office
PO Box 18415
Oklahoma City, OK 73154

OTHER COMMENTS: