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 _____ _____ City _____ ST____ Zip____ Address _____ Home Group _____ Home Phone Number (___) ____ Cell Phone (___) _____ E-mail Address (if any) Effective Date: _____ Name of District Chair being replaced: Cluster or Zone of Dist. (if any) _____ Incoming **DCM** (District Committee Member): Name _____
 Address
 _____City
 _____Zip

 Home Group
 ______Home Phone Number (___)
 ______Cell Phone (___)
 E-mail Address (if any) _____ Tern: Year(s) Effective Date: _____ 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: ______ Year(s) Name of DCM being replaced: Cluster or Zone of Dist. (if any) _____ **Incoming ALTERNATE DCM:**
 Address
 _____ City
 ____ ST____ Zip_______

 Home Group
 _____ Home Phone Number (___)
 ______ Cell Phone (___)
 E-mail Address (if any) Effective Date: _____ Tern: ___ Year(s) Name of Alt. DCM being replaced: _____ Incoming ALTERNATE DCM: Cluster or Zone of Dist. (if any) _____ Name ___
 Address
 _____City
 _____Zip

 Home Group
 ______Home Phone Number (___)
 ______Cell Phone (___)
 E-mail Address (if any) Effective Date: ______ Tern: _____ Year(s) Name of Alt. DCM being replaced: _____

Incoming District Serv		
lame		
Address	City	ST Zip
lome Group	Home Phone Number()	Cell Phone ()
-mail Address (if any)		
ffective Date:	Year(s)	
Name of Dist. Service Com	nmittee Chair being replaced:	
Incoming District Serv	ice Committee Chair - for the	Committee
lame		
	City	ST Zip
Home Group	Home Phone Number ()	Cell Phone ()
E-mail Address (if any)		·
Effective Date:		
	ice Committee Chair - for the	
Incoming District Serv	ice Committee Chair - for the	Committee
Incoming District Serv	ice Committee Chair - for the	Committee
Incoming District Serv Name Address Home Group	ice Committee Chair - for theCity Home Phone Number ()	Committee
Incoming District Serv Name Address Home Group E-mail Address (if any)	ice Committee Chair - for theCity	Committee
NameAddress	ice Committee Chair - for theCity Home Phone Number ()	Committee: ST Zip Cell Phone ()
NameAddress	ice Committee Chair - for the CityHome Phone Number () Tern:Year(s) mmittee Chair being replaced:	Committee: ST Zip Cell Phone ()
Incoming District Serv Name Address Home Group E-mail Address (if any) Effective Date: Name of Dist. Service Com Incoming 1) District S	ice Committee Chair - for the CityHome Phone Number ()Tern:Year(s) mmittee Chair being replaced: Secretary or 2) District Ti	Committee:STZip Cell Phone ()
Incoming District Serv IameAddress	ice Committee Chair - for the CityHome Phone Number () Tern:Year(s) mmittee Chair being replaced: Secretary or 2) District To	Committee: ST Zip Cell Phone () reasurer ST Zip
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Mail this form to:

State AA Committee Office PO Box 18415 Oklahoma City, OK 73154 **OTHER COMMENTS:**