

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

Area #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

<p><b>Outgoing DCM</b> (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: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>	<p><b>Incoming DCM</b> (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: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>
<p><b>Outgoing DCMC</b> (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: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>	<p><b>Incoming DCMC</b> (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: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>

### THREE WAYS TO RETURN THIS FORM G.S.O:

**By Mail:** A.A.W.S., Inc. Attn: Records Department

P.O. Box 459, Grand Central Station, New York, NY 10016

**Fax to:** (212) 870-3003

**E-Mail:** [records@aa.org](mailto:records@aa.org)

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Once complete information is entered into the database by GSO or the Area Registrar a request for a DCM kit will be generated the next business day. Kit contents are available by selecting the "Information for A.A. Members" tab then selecting "Information for G.S.R.s and DCMs" on [www.aa.org](http://www.aa.org). Please allow 7-14 business days for kit delivery.