

Alcoholics Anonymous District Information Change Form

To be forwarded to Area 14 Registrar to make updates to General Service Office records
Please provide as much information as possible

| | | | | | |
|-----------------|-----------|--------------------------------|------------------------------------|-------------|--|
| Area | 14 | District Service Number | | Date | |
| District | | Language of District: | English ___ Spanish ___ French ___ | | |

Outgoing DCM (District Committee Member)

Incoming DCM (District Committee Member)

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Receive Area 14 Minutes by: Email USPS

Outgoing Alt. DCM (Alternate District Committee Member)

Incoming Alt. DCM (Alternate District Committee Member)

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Receive Area 14 Minutes by: Email USPS

Outgoing District Committee Chair

Incoming District Committee Chair

NAME OF COMMITTEE: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

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Signature

DCM: _____ **Date:** _____

Return this form to North Florida Registrar:

Registrar
POBox 15504
Brooksville, FL 34604
registrar@aanorthflorida.org