

# 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

<b>Area</b>	<b>14</b>	<b>District Service Number</b>		<b>Date</b>	
<b>District</b>		<b>Language of District:</b>	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**