G.S.O. DCM & DCMC Information Change Form

AREA #:	:: DISTRICT #:			DATE:		
General Se		e. Each of A	a.A.'s districts need a lead		cluding the area's delegate to the the D.C.M. for guidance. For more	
			DCM (DISTRICT COMP	MITTEE MEMBER)		
	OL	D INFORMATI	ON	NEW	/ INFORMATION	
NAME:				NAME:		
ADDRESS:				ADDRESS:		
CITY/TOWI				CITY/TOWN:		
			CODE:		POSTAL CODE:	
PHONE: EMAIL:						
EIVIAIL:				EIVIAIL:		
Language	: English □ Sp	oanish □	French □	Language: English □	Spanish □ French □	
To opt in to	o be mailed a pri	nt version of	the D.C.M. Kit please che	ck:		
For cities o	or counties that m	nay have a D	DCMC (DISTRICT COMMIT	-	ore information.	
	OL) informati	ON	NEW	/ INFORMATION	
NAME:				NAME:		
ADDRESS:				ADDRESS:		
CITY/TOWI	N:			CITY/TOWN:		
			CODE:		POSTAL CODE:	
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D.To As a D.CM	.C.M. Kit: https://voisign.up for digital. you are given r	www.aa.org/ al delivery of ead-only ac	the D.C.M. Kit please che district-committee-member Box 4-5-9 visit: https://www.cess to the Fellowship Cor G.S.O. You will receive in	er-dcm-kit-list w.aa.org/box-459 nnection, a user-friendly i		
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	DER . '	B.4:1				
	DE Postal	-		Empil to Vous Asso Besistans		
	DAGSA			Email to Your Area Registrar:		
	P.O. Box	k 89				
	Cheswold, D	E 19936		groups@delaware	eaa.org	

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