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

AREA	#:31 DISTRICT #:				DATE:			
Gene		rence. Each of A.	A.'s districts need a				a's delegate to the guidance. For more	
			DCM (DISTRICT (	COMMITTEE MEMB	ER)			
		NEW INFORMATION						
ADDR CITY/ STATE PHON	NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: PHONE: EMAIL:			NAME:				
Langı	uage: English 🗆	Spanish □	French □	Language:	English 🗆	Spanish □	French	
For ci	ities or counties th	•	C.M.C. please cons		CHAIR)	ore information.		
NAME:				NAME:				
Langı	uage: English 🗆	Spanish □	French □	Language:	English 🗆	Spanish □	French □	
• • As a l	D.C.M. Kit: <u>http</u> To sign up for d D.CM. you are giv	s://www.aa.org/c ligital delivery of <i>l</i> en read-only acc	ne D.C.M. Kit please listrict-committee-n Box 4-5-9 visit: https ess to the Fellowshi G.S.O. You will rece	nember-dcm-kit-li//www.aa.org/boo o Connection, a urive instructions to	ox-459 user-friendly			
	222 -		T	N FORM TO				
	GSO Postal Mail GSO Er General Service Office			maii	Area 31 registrar@area31aa.org		a.org	

memberservices@aa.org

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