

# NE Ohio **Alcoholics Anonymous DCM Change Form**

District No.: \_\_\_\_

Delegate Area No.: **54**

Date: \_\_\_\_

Reason for Change:

New DCM Information

New Alt. DCM Information

Other (specify) \_\_\_\_

Old Information: \_\_\_\_

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**New** (Fill out any new or revised information below):

## **DCM**

Name: \_\_\_\_ Phone No. \_\_\_\_ Type3: (Home )

Address4: \_\_\_\_ Email: \_\_\_\_

City/St/Zip: \_\_\_\_ Other Phones/E-mail: \_\_\_\_

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## **Alt. DCM**

Name: \_\_\_\_ Phone No. \_\_\_\_ Type3: (Home )

Address4: \_\_\_\_ Email: \_\_\_\_

City/St/Zip: \_\_\_\_ Other Phone/E-mail: \_\_\_\_

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Filled out by (signature): \_\_\_\_

Date: \_\_\_\_

***Please write legibly !***

### **TWO WAYS TO RETURN THIS FORM:**

Mail to: Jim S., Registrar  
104 Sexton Street  
Struthers, OH 44471

OR e-mail to: registrar@area54.org

**See reverse side for explanations and other information!**