

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 _____

Old Information: _____

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

DCM

Name: _____ Phone No. (____) ____ - ____ . Type3: (____)

Address4: _____ Email: _____

City/St/Zip: _____, OH _____ Other Phones/E-mail: _____

Alt. DCM

Name: _____ Phone No. (____) ____ - ____ . Type3: (____)

Address4: _____ Email: _____

City/St/Zip: _____, OH _____ Other Phone/E-mail: _____

Filled out by (signature): _____ Date: ____/____/____

Please write legibly !

TWO WAYS TO RETURN THIS FORM:

Mail to: DeVona S, Registrar
29 S. Maryland Ave
Youngstown, OH 44509

or e-mail to: registrar@area54.org