

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

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

Delegate Area No.: **54**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Reason for Change:

New DCM Information

New Alt. DCM Information

Other \_\_\_\_\_

Old Information: \_\_\_\_\_

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

## **DCM**

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

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

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

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## **Alt. DCM**

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

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

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

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

***Please write legibly !***

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

Mail to: Marilyn HR., Registrar  
703 Lincoln St.  
Wooster OH 44691

or e-mail to: registrar@area54.org