

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: ____

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

DCM

Name: ____ Phone No. ____ Type₃: (Home)

Address₄: ____ Email: ____

City/St/Zip: ____ Other Phones/E-mail: ____

Alt. DCM

Name: ____ Phone No. ____ Type₃: (Home)

Address₄: ____ Email: ____

City/St/Zip: ____ Other Phone/E-mail: ____

Filled out by (signature): ____

Date: ____

Please write legibly !

TWO WAYS TO RETURN THIS FORM:

Mail to: Patricia R., Registrar
266 University Ave.

or e-mail to: registrar@area54.org

Elyria, OH 44035

See reverse side for explanations and other information!