

**ALCOHOLICS ANONYMOUS DISTRICT INFORMATION
CHANGE FORM**

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| EFFECTIVE DATE: | AREA: 93 | DISTRICT: |
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INCOMING

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|------------------------|--------------------------|----------------|
| INCOMING DCM: _____ | | |
| ADDRESS: _____ | | |
| CITY/STATE-PROV: _____ | | ZIP CODE _____ |
| HOME PHONE () _____ | BUSINESS PHONE () _____ | EMAIL _____ |

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|--------------------------|--------------------------|----------------|
| INCOMING Alt. DCM: _____ | | |
| ADDRESS: _____ | | |
| CITY/STATE-PROV: _____ | | ZIP CODE _____ |
| HOME PHONE () _____ | BUSINESS PHONE () _____ | EMAIL _____ |

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|------------------------|--------------------------|----------------|
| INCOMING DCMC: _____ | | |
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OUTGOING

| | | |
|------------------------|----------------------|--------------------------|
| OUTGOING DCM: _____ | | |
| ADDRESS: _____ | | |
| CITY/STATE-PROV: _____ | | |
| ZIP-POSTAL CODE: _____ | HOME PHONE () _____ | BUSINESS PHONE () _____ |

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| OUTGOING Alt. DCM: _____ | | |
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|------------------------|----------------------|--------------------------|
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| CITY/STATE-PROV: _____ | | |
| ZIP-POSTAL CODE: _____ | HOME PHONE () _____ | BUSINESS PHONE () _____ |

PLEASE RETURN TO CENTRAL CALIFORNIA AREA 93 REGISTRAR: . registrar@area93.org