

**ALCOHOLICS ANONYMOUS DISTRICT INFORMATION
CHANGE FORM**

EFFECTIVE DATE:	AREA: 93	DISTRICT:
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INCOMING

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

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

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

OUTGOING

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

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

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

PLEASE RETURN TO CENTRAL CALIFORNIA AREA 93 REGISTRAR: Ken S.
101 W. Palm Drive
Oxnard, CA 93030
registrar@aaarea93.org