

**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: Robert H.  
44908 N 16<sup>th</sup> St West  
Lancaster, CA 93534  
[registrar@aaarea93.org](mailto:registrar@aaarea93.org)