D.C.M. & A.D.C.M. INFORMATION CHANGE FORM

AREA #: 47	DISTRICT #: _	0610	DATE	:	-	
The District Committe including the area's de G.S.R. looks to the D.C	elegate to the General	Service Co	nference. Each of A.	A.'s districts need	d a leader	
	DCM (DIS	TRICT CON	MITTEE MEMBE	R)		
OLD INFORMATION			NEW INFORMATION			
NAME:			NAME:			
ADDRESS:			ADDRESS:			
CITY/TOWN:			CITY/TOWN:			
STATE:	ZIP:		STATE: NY	ZIP:		
PHONE:			PHONE:			
EMAIL:			EMAIL:			
			LANGUAGE (circ	le one): English	Spanish	French
	ADCM (ALTERNA	TE DISTRI	CT COMMITTEE N	MEMBER)		
OLD II	NFORMATION		NI	EW INFORMATION	ON	
NAME:			NAME:			
ADDRESS:			ADDRESS:			
CITY/TOWN:			CITY/TOWN:			
STATE:	ZIP:		STATE:	ZIP:		
PHONE:			PHONE:			
EMAIL:			EMAIL:			
			LANGUAGE (circ	le one): English	Spanish	French
Virtual kit is available To sign up for digital c						

RETURN FORM TO

Via postal mail: for address see https://aacny.org/wordpress/contact/

Email Area 47 Registrar

registrar@aacny.org

F-43	10/2022

LOCALLY AT AREA ASSEMBLY (Visit aacny.org for location details)