

DISTRICT INFORMATION CHANGE FORM

*Items listed as "Required" are required for data entry into GSO's Fellowship New Vision (FNV) Database.
In most cases, entering this information in FNV will cause a position-specific information packet to be sent from GSO.
It is not necessary to include GSRs and their Alternates because changes to their information are reported on Group Change Forms.*

Delegate Area: 20 District Number:	Service Rotation Date:	Submitter:		Submission Date:
District Position (Required)	Name (Required)	Complete Mailing Address (Required)	Telephone(s)	e-mail Address(es)
District Committee Member				
District Committee Member - Alternate				
Treasurer				
Treasurer – Alternate				
Secretary				
Secretary - Alternate				
Answering Service Comm Chair				
Answering Service Comm Chair - Alternate				
Archives Comm Chair				
Archives Comm Chair - Alternate				

Submit completed form to Area 20 Registrar:

niaregistrar@gmail.com
PO Box 635, Yorkville, IL 60560

A Microsoft Word version of this form is available online at: <http://www.aa-nia.org/info.htm>

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Delegate Area: 20 District Number:	Service Rotation Date:	Submitter:		Submission Date:
District Position <i>(Required)</i>	Name <i>(Required)</i>	Complete Mailing Address <i>(Required)</i>	Telephone(s)	e-mail Address(es)
Cooperation with the Professional Community Comm Chair				
Cooperation with the Professional Community Comm Chair - Alternate				
Correctional Facilities Comm Chair				
Correctional Facilities Comm Chair - Alternate				
Grapevine Comm Chair				
Grapevine Comm Chair - Alternate				
Literature Comm Chair				
Literature Comm Chair - Alternate				
Public Information Comm Chair				
Public Information Comm Chair - Alternate				

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Delegate Area: 20 District Number:	Service Rotation Date:	Submitter:		Submission Date:
District Position (Required)	Name (Required)	Complete Mailing Address (Required)	Telephone(s)	e-mail Address(es)
Special Needs Comm Chair				
Special Needs Comm Chair – Alternate				
Treatment Facilities Comm Chair				
Treatment Facilities Comm Chair - Alternate				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

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District Position <i>(Required)</i>	Name <i>(Required)</i>	Complete Mailing Address <i>(Required)</i>	Telephone(s)	e-mail Address(es)
Other:				
Other:				
Other:				

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