

## Northern IL Area 20

### District Committee Member (DCM), District Committee Member Chair (DCMC) & Alternate District Committee Member (ALTDCM) Change Form

Area #: 20 District #: \_\_\_\_\_ District Language: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<b>Outgoing DCM</b> (District Committee Member) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/>	<b>Incoming DCM</b> (District Committee Member) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/> If you have previously held any service position and your information has changed since then, check here <input type="checkbox"/>
<b>Outgoing DCMC</b> (District Committee Member Chair) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/>	<b>Incoming DCMC</b> (District Committee Member Chair) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/> If you have previously held any service position and your information has changed since then, check here <input type="checkbox"/>
<b>Outgoing Alt DCM</b> (Alternate District Committee Member) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/>	<b>Incoming Alt DCM</b> (Alternate District Committee Member) Name: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Address: _____ City: _____ State/Province: _____ Postal Code: _____ Email: _____ Telephone: _____ Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/> If you have previously held any service position and your information has changed since then, check here <input type="checkbox"/>

Submit completed form to Area 20 Registrar: [registrar@aa-nia.org](mailto:registrar@aa-nia.org),  
NIA, Ltd. Attn: Registrar, P.O. Box 1511, Palatine, IL 60078

Submit copy of completed form to your District Secretary

Use through 12/31/2023