

# Northern IL Area 20

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

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

<p><b><u>Outgoing DCM</u></b> (District Committee Member)</p> <p>Name: _____</p> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Personal Email: _____</p> <p>Position Email: _____</p> <p>Telephone: _____</p>	<p><b><u>Incoming DCM</u></b> (District Committee Member)</p> <p>Name: _____</p> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Personal Email: _____</p> <p>Position Email: _____</p> <p>Telephone: _____</p> <p style="text-align: right; font-size: small;">If you have previously held any service position and your information has changed since then, check here <input type="checkbox"/></p>
<p><b><u>Outgoing Alt DCM</u></b> (Alternate District Committee Member)</p> <p>Name: _____</p> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Personal Email: _____</p> <p>Position Email: _____</p> <p>Telephone: _____</p>	<p><b><u>Incoming Alt DCM</u></b> (Alternate District Committee Member)</p> <p>Name: _____</p> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Personal Email: _____</p> <p>Position Email: _____</p> <p>Telephone: _____</p> <p style="text-align: right; font-size: small;">If you have previously held any service position and your information has changed since then, check here <input type="checkbox"/></p>

Submit completed form to Area 20 Registrar: [registrar@aa-nia.org](mailto:registrar@aa-nia.org)  
NIA, Ltd. Attn: Registrar PO Box 712, Downers Grove, IL 60515

Submit copy of completed form to your District Secretary

Use through 12/31/2025