

SOUTH FLORIDA AREA 15 ALCOHOLICS ANONYMOUS DISTRICT POSITION CHANGE FORM

DISTRICT 6

POSITION START DATE _____

EXISTING INFORMATION	NEW INFORMATION
<input type="checkbox"/> CHAIRPERSON <input type="checkbox"/> ALTERNATE CHAIRPERSON <input type="checkbox"/> TREASURER <input type="checkbox"/> SECRETARY <input type="checkbox"/> REGISTRAR <input type="checkbox"/> DISTRICT COMMITTEE MEMBER <input type="checkbox"/> ALTERNATE DISTRICT COMMITTEE MEMBER <input type="checkbox"/> COMMITTEE CHAIR Committee Name _____ <input type="checkbox"/> ALTERNATE COMMITTEE CHAIR Committee Name _____ <input type="checkbox"/> LIASON _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHAIRPERSON <input type="checkbox"/> ALTERNATE CHAIRPERSON <input type="checkbox"/> TREASURER <input type="checkbox"/> SECRETARY <input type="checkbox"/> REGISTRAR <input type="checkbox"/> DISTRICT COMMITTEE MEMBER <input type="checkbox"/> ALTERNATE DISTRICT COMMITTEE MEMBER <input type="checkbox"/> COMMITTEE CHAIR Committee Name _____ <input type="checkbox"/> ALTERNATE COMMITTEE CHAIR Committee Name _____ <input type="checkbox"/> LIASON _____ <input type="checkbox"/> OTHER _____
NAME: _____ Street: _____ City/Town: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____	NAME: _____ Street: _____ City/Town: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____

Signature _____

Date _____

**PLEASE SUBMIT TO DISTRICT 6 REGISTRAR AT registrar@district6aa.org
 WITH A COPY TO: registrar@area15aa.org**