

Area 69 (Utah)

Alcoholics Anonymous Service Position Change Form

DELEGATE AREA: 69 DISTRICT No. _____

OLD INFORMATION

POSITION _____

NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

EMAIL _____

NEW INFORMATION

POSITION _____

NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

EMAIL _____

DISTRICT DCM PLEASE SEND THIS FORM TO THE AREA REGISTRAR AS WELL AS THE AREA WEB SERVANT

This form is available on the Internet at www.utahaa.org/publications.html
An on-line version is also available at www.utahaa.org/servpos.php

Area 69 (Utah)

Alcoholics Anonymous Service Position Change Form

DELEGATE AREA: 69 DISTRICT No. _____

OLD INFORMATION

POSITION _____

NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

EMAIL _____

NEW INFORMATION

POSITION _____

NAME _____

ADDRESS _____

CITY _____

ZIP _____ PHONE _____

EMAIL _____

DISTRICT DCM PLEASE SEND THIS FORM TO THE AREA REGISTRAR AS WELL AS THE AREA WEB SERVANT

This form is available on the Internet at www.utahaa.org/publications.html
An on-line version is also available at www.utahaa.org/servpos.php