

**Area 60 of Western Pennsylvania
DISTRICT INFORMATION CHANGE FORM**

Please complete and return as soon as possible.

RETURN:

- **Via Mail:** Area 60 Registrar at 14 Packard Avenue, Greenville, PA 16125 OR
- **Via Email:** Save and send via email to registrar@wpaarea60.org
- **Via Web:** Go to www.wpaarea60.org/forms/

DISTRICT NO: _____

TODAY'S DATE: _____

DCM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email : _____

ALT. DCM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

SECRETARY

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

TREASURER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

TREATMENT/SPECIAL NEEDS

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

CORRECTIONS

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

CPC/PI

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

GRAPEVINE

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

ARCHIVES

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

LITERATURE

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

OTHER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

OTHER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

ANSWERING SERVICE

Telephone: _____
Telephone: _____
Telephone: _____

DO YOU HAVE A DISTRICT MEETING LIST?

No Yes

If yes, please email file in any format to
website@wpaarea60.org

OTHER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

OTHER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

DISTRICT MEETINGS

Monthly Quarterly

Day/Time/Place Scheduled: _____

Has your district ever held a Day of Sharing?

No Yes

Have you partnered with a neighboring District?
 No Yes (District(s) _____)

SIGNATURE: _____

DATE: _____

Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought AA membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group they have no other affiliation.” — Tradition Three (long form)

“Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose — that of carrying its message to the alcoholic who still suffers.” — Tradition Five (long form)

“Unless there is approximate conformity to A.A’s Twelve Traditions, the group ... can deteriorate and die.” — Twelve Steps and Twelve Traditions, page 174.

Please return to your Area 60 Registrar at 14 Packard Avenue, Greenville, PA 16125

Thank you for your service to A.A!