

Area 26

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

Area #: 26 District #: _____ District Language: _____ Effective Date: _____

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| <p>Outgoing DCM (District Committee Member)</p> 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"/> | <p>Incoming DCM (District Committee Member)</p> 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"/> |
| <p>Outgoing DCMC (District Committee Member Chair)</p> 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"/> | <p>Incoming DCMC (District Committee Member Chair)</p> 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"/> |
| <p>Outgoing Alt DCM (Alternate District Committee Member)</p> 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"/> | <p>Incoming Alt DCM (Alternate District Committee Member)</p> 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@area26.net
Area 26 Attn: Registrar, P.O. Box 50542, Bowling Green, KY 42102-3742

Submit copy of completed form to your District Secretary

Use through 12/31/2023