

# SOUTH FLORIDA AREA 15      ALCOHOLICS ANONYMOUS DISTRICT POSITION CHANGE FORM

DISTRICT No \_\_\_\_\_

POSITION START DATE \_\_\_\_\_

EXISTING INFORMATION	NEW INFORMATION
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> CHAIRPERSON</div> <div><input type="checkbox"/> ALTERNATE CHAIRPERSON</div> <div><input type="checkbox"/> TREASURER</div> <div><input type="checkbox"/> SECRETARY</div> <div><input type="checkbox"/> REGISTRAR</div> <div><input type="checkbox"/> DISTRICT COMMITTEE MEMBER</div> <div><input type="checkbox"/> ALTERNATE DISTRICT COMMITTEE MEMBER</div> <div><input type="checkbox"/> COMMITTEE CHAIR Committee Name _____</div> <div><input type="checkbox"/> ALTERNATE COMMITTEE CHAIR Committee Name _____</div> <div><input type="checkbox"/> LIASON _____</div> <div><input type="checkbox"/> OTHER _____</div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> CHAIRPERSON</div> <div><input type="checkbox"/> ALTERNATE CHAIRPERSON</div> <div><input type="checkbox"/> TREASURER</div> <div><input type="checkbox"/> SECRETARY</div> <div><input type="checkbox"/> REGISTRAR</div> <div><input type="checkbox"/> DISTRICT COMMITTEE MEMBER</div> <div><input type="checkbox"/> ALTERNATE DISTRICT COMMITTEE MEMBER</div> <div><input type="checkbox"/> COMMITTEE CHAIR Committee Name _____</div> <div><input type="checkbox"/> ALTERNATE COMMITTEE CHAIR Committee Name _____</div> <div><input type="checkbox"/> LIASON _____</div> <div><input type="checkbox"/> OTHER _____</div> </div>
NAME: _____  Street: _____  City/Town: _____  State: _____  Zip Code: _____ Telephone: _____  Email: _____	NAME: _____  Street: _____  City/Town: _____  State: _____  Zip Code: _____ Telephone: _____  Email: _____

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SUBMIT TO DISTRICT 2 REGISTRAR AT [registrar@aatampa.org](mailto:registrar@aatampa.org)**  
**WITH A COPY TO: [registrar@area15aa.org](mailto:registrar@area15aa.org)**  
**If by U.S. Postal Mail: District 2 Registrar, P.O. Box 20623, Tampa, FL 33622**