



AREA 85 DCM CHANGE FORM

(District Committee Member)

Form completed by: _____

District # _____

DATE: _____

INCOMING DCM

DISTRICT #	
NAME	
ADDRESS	
CITY/TOWN	
POSTAL CODE	
EMAIL ADDRESS	
HOME PHONE #	
CELL# (if applicable)	

INCOMING ALTERNATE DCM

DISTRICT #	
NAME	
ADDRESS	
CITY/TOWN	
POSTAL CODE	
EMAIL ADDRESS	
HOME PHONE #	
CELL# (if applicable)	

INFORMATION EFFECTIVE DATE:

RETURN THIS FORM TO THE AREA 85 REGISTRAR:

Mail to: Area 85 Registrar, Box 10073, Thunder Bay ON, P7B 6T6 E-mail: area85registrar@gmail.com