

# Central Northern Interior Area 07 District Committee Member (DCM) Change Form

District: \_\_\_\_\_

Language: English    Spanish

DCM (District Committee Member)	
Outgoing	Incoming
Name: _____ Address: _____ City: _____ ZIP-Code: _____ Telephone: _____ Email: _____	Name: _____ Address: _____ City: _____ ZIP-Code: _____ Telephone: _____ Email: _____
Service Email: _____	
* Accents (Area Newsletter) Delivery:    Mail    Email	

Alt-DCM (Alternate District Committee Member)	
Outgoing	Incoming
Name: _____ Address: _____ City: _____ ZIP-Code: _____ Telephone: _____ Email: _____	Name: _____ Address: _____ City: _____ ZIP-Code: _____ Telephone: _____ Email: _____
Service Email: _____	
* Accents (Area Newsletter) Delivery:    Mail    Email	

**THREE WAYS TO RETURN THIS FORM:**

**By Mail:**

CNIA Registrar PO Box 2323 Shingle Springs, CA 95682
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**By Email:**

<a href="mailto:registar@cnia.org" style="color: blue; text-decoration: underline;">registar@cnia.org</a>
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**By Fax:**

530-677-6720
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Once complete information is entered into the database by the Area Registrar a request for a DCM kit will be generated.  
Please allow 2-4 weeks for delivery.