

DCM / Alternate DCM Questionnaire

Please Print Clearly

Name: _____ District/Zone: _____

Address: _____

City: _____ Zip Code: _____

Telephone Numbers: () _____ () _____

E-mail Address: _____

As of January 1, 2014 I will be a: () 1st Year () 2nd Year // () DCM () Alternate DCM

When is your monthly District/Zone Meeting? _____

Do you have a joint meeting with other zones in your district? () Yes () No

If yes, when and where is it held? _____

Have you ever participated in the Assembly program? () Yes () No

If yes, when and what did you do? _____

Please indicate which of the following service responsibilities you are willing to accept:

Saturday Night Meeting Chair () Yes () No

Saturday Night Meeting Reader () Yes () No

Saturday Night Speaker () Yes () No

Presenter/Workshop Participant () Yes () No

Ad Hoc Committee Chair () Yes () No

Ad Hoc Committee Member () Yes () No

Preference for contact US Mail or District E-mail @aageorgia.org? _____

If you have additional thoughts, suggestions or considerations, please list them on the back of this paper.