

# Area 75 District \_\_\_\_\_ Committee Information Form

Please insert Names, addresses, phone numbers and Emails if available

DATE \_\_\_\_\_

CHAIR POSITION	INFORMATION
<b>DCM DISTRICT COMMITTEE MEMBER</b>	
<b>ALTERNATE DCM or LCM</b>	
<b>SECRETARY</b>	
<b>TREASURER</b>	
<b>ARCHIVES</b>	
<b>BRIDGING the GAP</b>	
<b>CORRECTIONS</b>	
<b>COOPERATION with the PROFESSIONAL COMMUNITY</b>	

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CHAIR POSITION	INFORMATION
GRAPEVINE	
TREATMENT	
LITERATURE	
PUBLIC INFORMATION	
SPECIAL NEEDS	

Please insert Names, addresses, phone numbers and Emails if available

MEETING DAY & TIME	LOCATION & ADDRESS OF MEETING