AREA 33 DISTRICT HISTORY

District Number _____

Date District was Formed: _____

Meeting Location: _____

Day & Time District Meets: _____

Format of Meeting: _____

DISTRICT HISTORY: (Location changes - area, district, address. District format changes. District growth history - by years, if possible. Service history - (Work Shop, etc.) Social history - Anniversary celebrations, Pot lucks, etc. attach any flyers.)

OFFICERS : (Name & sobriety dates, if possible) DCM, Alt. DCM, Secretary, Treasurer, and any other Chair-people

Year or Term	Position	Name	Sobriety Date

Submitted by: _____ Date: _____

Please print, complete, and return this form to:

Area 33 General Services of Southeastern Michigan
ATTN: Archives Committee
24225 W. Nine Mile Rd. Suite 110
Southfield, MI 48033