ALATEEN REGISTRATION/GROUP RECORDS CHANGE FORM

Alateen Registration/Change forms are submitted to the WSO through your Area process. Please check with your Delegate, District Representative or Alateen Coordinator for information on where to send this form.

(1) WSO ID. Number ☐☐☐☐☐☐☐☐ District Number ☐☐☐ Area Name ☐☐☐☐ (Abbreviation)

(2) Status ☐ New ☐ Change ☐ Inactive

(3) Changes (Check all that apply) ☐ Current Mailing Address (CMA) ☐ Group Status ☐ Mtg Place ☐ Group Name* ☐ Contact ☐ Mtg Day ☐ Sponsor ☐ Mtg Time ☐ GR

(4) Special Needs ☐ Handicap Access ☐ Limited Access* Note: Alateen meetings are closed meetings

☐ Language Spoken ☐☐☐☐☐☐☐ ☐ ☐ Mailing Language ___________________

☐ Special Instructions, i.e. use back door, etc. ____

(5) Current Mailing Address: (All WSO mail for the group is sent to this address; please be sure it's a current Sponsor).

Name

Street/PO Box

City State/Province

Zip/Postal Code Country

Phone Number ☐☐☐-☐☐☐-☐☐☐☐ E-mail

(6) Group name

(7) Meeting Place

(8) Meeting Address

City State/Province

Zip/Postal Code Country

(9) No. of Members ☐☐☐ (10) Day: Su Mo Tu We Th Fr Sa Time: ☐☐:☐☐ AM PM

(11) Contact (if other than Sponsor). Contacts **must** be Al-Anon members involved in Alateen Service

First Name Phone # ☐☐☐-☐☐☐-☐☐☐☐

(12) **GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS) FORM**

Please list the two primary group Sponsors.

Group Sponsor(s) to Add The WSO ID# will be assigned if new AMIAS

Name (first) WSO ID# ☐✓ if Ok to list as a contact

(last) Phone # ☐☐☐-☐☐☐-☐☐☐☐

Name (first) WSO ID# ☐✓ if Ok to list as a contact

(last) Phone # ☐☐☐-☐☐☐-☐☐☐☐

Group Sponsor(s) to Remove (if CMA for the group, a replacement must be provided in order to process)

Name (first) WSO ID#

(last)

Name (first) WSO ID#

(last)

For Area Use

(13) Alateen Group Rep

Street/PO Box

City State/Province

Zip/Postal Code Country

Phone Number ☐☐☐-☐☐☐-☐☐☐☐ E-mail

* See *Al-Anon/Alateen Service Manual* (P24/27) for information and/or definitions

Submitted by: ___________________ Date: ___________ Phone: ________________ E-mail: _______________________