

AL-ANON REGISTRATION / GROUP RECORDS CHANGE FORM

(1) WSO I.D. Number District Number Area Name (Abbreviation)

(2) Status New Change Inactive Not Sure If Registered

(3) Group Focus Regular Al-Anon Parents Men Women
(Check only one) Al-Anon Adult Children LGBT

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

(5) Group Type Closed* Open*

(6) Special Needs Babysitting Handicap Access Signing (ASL) Limited Access*
 Language Spoken Mailing Language
 Special Instructions, i.e. use back door, etc. _____

(7) Special Meetings Beginners** Introductory

See Beginners Meetings and Introductory Meetings in current Al-Anon/Alateen Service Manual P24/27

(8) Current Mailing Address: (All WSO mail for the group is sent to this address)

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street/PO Box	<input type="text"/>				
City	<input type="text"/>			State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>			Country	<input type="text"/>
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	E-Mail	<input type="text"/>		

(9) Group name

(10) Meeting Place

(11) Meeting Address

City	<input type="text"/>	<input type="text"/>	<input type="text"/>	State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>			Country	<input type="text"/>

(12) No. of Members (13) Day: Su Mo Tu We Th Fr Sa Time: : AM PM

(14) Contacts (WSO refers newcomers and visitors to these members for information about your meeting.)

First Name <input type="text"/>	Phone #	<input type="text"/> - <input type="text"/> - <input type="text"/>
First Name <input type="text"/>	Phone #	<input type="text"/> - <input type="text"/> - <input type="text"/>

(15) For Area Use: Group Rep

Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	State/Province	<input type="text"/>
City	<input type="text"/>			Country	<input type="text"/>
Zip/Postal Code	<input type="text"/>			E-Mail	<input type="text"/>
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>				

(16) For Additional Area Use: (indicate title of service position.)

Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	State/Province	<input type="text"/>
City	<input type="text"/>			Country	<input type="text"/>
Zip/Postal Code	<input type="text"/>			E-Mail	<input type="text"/>
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>				

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

**See Beginners' Meeting Guideline (G-2) for meeting format

Submitted by: _____ Date: _____
 Phone: _____ E-mail: _____

* Send completed copies to: NCWSA Group Records Connie F., PO Box 342, Newcastle, CA. 95658; WSO (address on pg 2); Your local District Representative and local AIS offices.

Office Use Only: Date Proposed _____ By _____
Date Registered _____ By _____

fold

Place
Stamp
Here

AI-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454

fold