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 (Check only one) ❑ Regular Al-Anon ❑ Parents ❑ Men ❑ Women ❑ Al-Anon Adult Children ❑ LGBT

(4) Changes (Check all that apply) ❑ Current Mailing Address (CMA) ❑ Mtg Place ❑ Mtg Day ❑ Mtg Time ❑ 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 FIRST LAST
Street/PO Box
City State/Province
Zip/Postal Code Country
Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐ E-Mail

(9) **Group name**
(10) **Meeting Place**
(11) **Meeting Address**
City **State/Province**
Zip/Postal Code **Country**
(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 Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
First Name Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐

(15) For Area Use: Group Rep FIRST LAST
Address
City State/Province
Zip/Postal Code Country
Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐ E-Mail

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

_____ FIRST LAST
Address
City State/Province
Zip/Postal Code Country
Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐ E-Mail

*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: _____

Please send a copy of this form to:
Your Area Group Record Coordinator, District Representative, and local Al-Anon Information Service/Intergroup.