Date _____

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 Area Alateen Coordinator for information on where to send this form.

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

(2) Registration ❑ New ❑ Current ❑ Not Sure If Registered ❑ Disbanded

(3) Group type is: ❑ Closed ❑ Institution ❑ Limited Access

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

(5) Special Notes:
❑ Language Spoken
❑ Mailing Language
❑ Special instructions, i.e. use back door, etc. _____

(6) Current Mailing Address: (All WSO group mail is sent to this address, to be taken to the group.)
Name
Street/PO Box
City State/Province
Zip/Postal Code Country
Phone Number - - E-Mail

(7) Group Name
(8) Meeting Place
(9) Meeting Address
City State/Province
Zip/Postal Code Country
(10) Alateen Age Range - (11) Day: Su Mo Tu We Th Fr Sa Time: : AM PM
(12) No. of Members

(13) Contact (if other than Sponsor). Contacts are Sponsors or other Al-Anon members involved in service.
First Name Phone # - -

(14) **GROUP SPONSORS MUST COMPLETE THE *AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE* FORM THE WSO ID # WILL BE ASSIGNED**

Name (First) WSO ID # ❑ √ if OK to list as a contact?
Name (Last) Phone # - -
Name (First) WSO ID # ❑ √ if OK to list as a contact?
Name (Last) Phone # - -

For Area Use:

(15) Alateen Group Rep
Address
City State/Province
Zip/Postal Code Country
Phone Number - - E-Mail