Al-Anon Member Involved in Alateen Service

It is required that this form be completed by all	l Al-Anon members i	nvolved in servic	æ to Alateen.	
(Please print)				
First and Last Name:				
Street Address:				
City, State/Province:				
Zip/Postal Code/Phone				
E-mail:				
District:				
I am in compliance with my Area's safety and	<u>, </u>			
Signature To the best of my knowledge, the above Al-Ar	non Member meets th	Da e Area's safcty a		quirements
Authorized Area Signature			Date	
_		AICHA	Date	
Please print name below:	<u> </u>	 	_	
Fach Area must and to the HISO and the	45-4			
Each Area must certify to the WSO annually the Area's safety and behavioral requirement	inui each Ai-Anon h s and has agreed to i	nemoer involved abide by them.	ın Alaieen servi	ce nas met
	WSO Assigned ID Number			

For Area Use: