

Alateen Group Records Change Form

Please submit this form through your Area Alateen Process Person

1. Group Record

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

2. Status

- Change
 Inactive

3. Changes (check all that apply)

- Group Name Mtg Day Sponsor
 Mtg Place Current Mailing Address (CMA) Contact
 Mtg Time

4. Details

Group name _____ Member Count: _____

Mailing Language _____ Spoken Language _____ Age Range _____

Meeting Day: Su Mo Tu We Th Fr Sa Meeting Time: _____:_____ AM PM

- Limited Access* Handicap Access Sign Language

*See in the Policy Digest the section titled Membership and Group Meetings/Conventions Alateen Meetings in Schools and other Limited Access Facilities of the **Al-Anon/Alateen Service Manual** (P24/27) for information and/or definitions.

Location:

Meeting Place _____

Meeting Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

- Location Instructions, i.e. use back door, etc. _____

Note: Only current Alateen members, prospective Alateen members, and the Area certified AMIAS attend Alateen meetings.

5. Group AMIAS

Phone Contact for the Public. Contacts must be currently certified Al-Anon Members Involved in Alateen Service (AMIAS)

Add/Remove (circle one) WSO ID# _____ First Name _____ Phone # _____

GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS) FORM Please list the primary group certified Alateen Sponsors.

Group Sponsor(s) to Add

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

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

Name (first) _____ (last) _____ WSO ID# _____

Name (first) _____ (last) _____ WSO ID# _____

6. Current Mailing Address: (All WSO mail for the group is sent to this address; it must be a current AMIAS).

Name (first) _____ (last) _____

Street/PO Box _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number (Circle one) Home/ Cell/ Work _____ Email _____

Phone # (Home/ Cell/ Work) _____ Email _____

Submitted by _____ Date _____ Phone _____ Email _____