

# Alateen Group Registration Form

**Please submit this form to the Area Alateen Process Person.**  
**In order to use the Alateen name, groups must first register through their Area's Alateen process.**

## 1. Group Record

District Number \_\_\_\_\_

Area Name (Abbreviation) \_\_\_\_\_

## 2. Status

☐ New

☐ Not Sure if Registered

## 3. 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 *Alateen Meetings in Schools and Other Limited Access Facilities* of the **AI-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)

## 4. Group AMIAS

**Phone Contact for the Public.** (if other than Sponsor). *Contacts must be a current certified AI-Anon Members Involved in Alateen Service (AMIAS)*

WSO ID# \_\_\_\_\_ First Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Group Sponsors must be currently certified through the Area process**  
**Please list the primary group certified Alateen Sponsors.**

### Group Sponsor(s)

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) \_\_\_\_\_

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) \_\_\_\_\_

## 5. 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 \_\_\_\_\_