

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

(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