

ALATEEN REGISTRATION/GROUP RECORDS CHANGE 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 ☐ Group Name ☐ Mtg Place ☐ Mtg Time ☐ Sponsor
(Check all that apply) ☐ Address (CMA) ☐ Mtg Day ☐ GR ☐ Contact

☐ 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.)

[illegible][illegible][illegible][illegible][illegible][illegible]

(10) Alateen Age Range - (11) Day: Su Mo Tu We Th Fr Sa Time: : AM PM

(12) No. of Members			
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(13) Contact (if other than Sponsor). Contacts are Sponsors or other Al-Anon members involved in service.

First Name

 Phone #

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

Name (First)											WSO ID #						<input type="checkbox"/> √ if OK to list as a contact?
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Name (Last) _____ Phone # _____ - _____ - _____

Name (First) [] [] [] [] [] [] [] [] [] [] WSO ID # [] [] [] [] [] [] [] [] ☐ √ if OK to list as a contact?

Name (Last) _____ Phone # _____ - _____ - _____

For Area Use:

(15) Alateen Group Rep FIRST LAST

[illegible][illegible]

Zip/Postal Code Country

Phone Number - - E-Mail