

AL-ANON REGISTRATION / GROUP RECORDS CHANGE FORM

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

(2) Status New Change Inactive Not Sure If Registered

(3) Group Focus Regular Al-Anon Parents Men Women
 (Check only one) Al-Anon Adult Children LGBT

(4) Changes (Check all that apply) Current Mailing Address (CMA) Mtg Place Mtg Day Mtg Time
 Group Name* GR Contact

(5) Group Type Closed* Open*

(6) Special Needs Babysitting Handicap Access Signing (ASL) Limited Access*
 Language Spoken Mailing Language
 Special Instructions, i.e. use back door, etc. _____

(7) Special Meetings Beginners** Introductory

See Beginners Meetings and Introductory Meetings in current *Al-Anon/Alateen Service Manual P24/27*

(8) Current Mailing Address: (All WSO mail for the group is sent to this address)

Name	
Street/PO Box	
City	State/Province
Zip/Postal Code	Country
Phone Number	E-Mail

(9) Group name

(10) Meeting Place

(11) Meeting Address

City	State/Province
Zip/Postal Code	Country

(12) No. of Members (13) Day: Su Mo Tu We Th Fr Sa Time: : AM PM

(14) Contacts (WSO refers newcomers and visitors to these members for information about your meeting.)

First Name	Phone #
First Name	Phone #

(15) For Area Use: Group Rep

Address	
City	State/Province
Zip/Postal Code	Country
Phone Number	E-Mail

(16) For Additional Area Use: (indicate title of service position.)

Address	
City	State/Province
Zip/Postal Code	Country
Phone Number	E-Mail

*See *Al-Anon/Alateen Service Manual (P24/27)* for information and/or definitions

**See *Beginners' Meeting Guideline (G-2)* for meeting format

Submitted by: _____ Date: _____

Phone: _____ E-mail: _____

Please send a copy of this form to:
 Your Area Group Record Coordinator, District Representative, and local Al-Anon Information Service/Intergroup.

