

Alateen Registration/Group Records Change Form (GR-3)

Alateen Registration/Change forms are submitted to the WSO through your Area process. Please check with your Delegate, District Representative or Alateen Coordinator for information on where to send this form.

1. Group Record

WSO I.D. Number _____

District Number _____

Area Name (Abbreviation) _____

2. Status

- New
- Change
- Inactive

3. Changes (Check all that apply)

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

4. Details (Note: Alateen meetings are closed meetings)

Group Name _____ Member Count: _____

Mail Language _____ Spoken Language _____ Age Range _____

Meeting Day _____ Time _____ AM PM | Limited Access* Handicap Access Sign Language

Location: Meeting Place _____

Meeting Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Location instructions, i.e. use back door, etc. _____

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

5. Group AMIAS Group Sponsors Must Complete the Al-Anon Member Involved In Alateen Service (AMIAS) Form

Group Sponsor(s) to Add or Remove. Please list the two primary group Sponsors. The WSO ID# will be assigned if new AMIAS. If CMA for the group is being removed, a replacement must be provided in order to process.

Add Remove

Name (first) _____ (last) _____
WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Name (first) _____ (last) _____
WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Name (first) _____ (last) _____
WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Phone Contact (if other than Sponsor). Contacts must be Al-Anon Members Involved in Alateen Service (AMIAS)

Name (first) _____ WSO ID# _____ Phone _____

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

First Name _____ Last Name _____

Street/PO Box _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number Home Cell Work _____ E-mail _____

7. For Area Use

Alateen GR (First/Last Name) _____

Street/PO Box _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number Home Cell Work _____ E-mail _____

Submitted by: _____ Date: _____ Phone: _____ E-mail: _____