

# 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  Current Mailing  Mtg Place  Mtg Day  Mtg Time  
(Check all that apply) Address (CMA)  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	FIRST <input type="text"/>	LAST <input type="text"/>
Street/PO Box	<input type="text"/>	
City	State/Province	<input type="text"/>
Zip/Postal Code	Country	<input type="text"/>
Phone Number	-	E-Mail <input type="text"/>

(9) Group name

(10) Meeting Place

(11) Meeting Address

City	State/Province	<input type="text"/>
Zip/Postal Code	Country	<input type="text"/>

(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 <input type="text"/>	Phone # <input type="text"/> - <input type="text"/> - <input type="text"/>
First Name <input type="text"/>	Phone # <input type="text"/> - <input type="text"/> - <input type="text"/>

**(15) For Area Use:** Group Rep

Address	FIRST <input type="text"/>	LAST <input type="text"/>
City	State/Province	<input type="text"/>
Zip/Postal Code	Country	<input type="text"/>
Phone Number	-	E-Mail <input type="text"/>

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

Address	FIRST <input type="text"/>	LAST <input type="text"/>
City	State/Province	<input type="text"/>
Zip/Postal Code	Country	<input type="text"/>
Phone Number	-	E-Mail <input type="text"/>

\*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.