

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

(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) <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>	WSO ID # <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> √ if OK to list as a contact?
Name (Last) <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>	Phone # <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/>	
Name (First) <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>	WSO ID # <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> √ if OK to list as a contact?
Name (Last) <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>	Phone # <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/>	

**For Area Use:**

(15) Alateen Group Rep   
 Address   
 City  State/Province   
 Zip/Postal Code  Country   
 Phone Number  -  -  E-Mail