

# 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: \_\_\_\_\_