

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

Alateen Registration/Change forms are submitted to the WSO through your
WI/UPMI Area Alateen Process Person – areaalateenprocess@area61afg.org

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: _____