

Alateen Group Registration Form

Please submit this form to the Area Alateen Process Person.

In order to use the Alateen name, groups must first register through their Area's Alateen process.

1. Group Record

District Number _____

Area Name (Abbreviation) _____

2. Status

New

Not Sure if Registered

3. Details

Group name _____ Member Count: _____

Mailing Language _____ Spoken Language _____ Age Range _____

Meeting Day: Su Mo Tu We Th Fr Sa Meeting Time: ____:____ AM PM

Limited Access* Handicap Access Sign Language

*See in the Policy Digest the section titled *Alateen Meetings in Schools and Other Limited Access Facilities* of the **AI-Anon/Alateen Service Manual (P24/27)** for information and/or definitions.

Location:

Meeting Place _____

Meeting Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

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

Note: Only current Alateen members, prospective Alateen members, and the Area-certified AMIAS attend Alateen meetings)

4. Group AMIAS

Phone Contact for the Public. (if other than Sponsor). *Contacts must be a current certified AI-Anon Members Involved in Alateen Service (AMIAS)*

WSO ID# _____ First Name _____ Phone # _____

**Group Sponsors must be currently certified through the Area process
Please list the primary group certified Alateen Sponsors.**

Group Sponsor(s)

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

Name (first) _____ (last) _____

WSO ID# _____ if Ok to list as a contact Phone # (Home/ Cell/ Work) _____

5. Current Mailing Address: (All WSO mail for the group is sent to this address; it must be a current AMIAS).

Name (first) _____ (last) _____

Meeting Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number (Circle one) Home/ Cell/ Work _____ Email _____

Phone # (Home/ Cell/ Work) _____ Email _____

Submitted by _____ Date _____ Phone _____ Email _____