Date		

ALATEEN REGISTRATION/GROUP RECORDS CHANGE FORM

				SO through your area process. or for information on where to s				
(1) WS	O I.D. Number		District Num	ber Area Number				
(2) Reg	gistration	□ New	☐ Current	☐ Not Sure If Registered	☐ Disbanded			
(3) Gro	oup type is:	□ Closed	☐ Institution	☐ Limited Access				
	anges: ck all that apply)	☐ Current Mailing Address (CMA)	☐ Group Name ☐ Mtg Day	☐ Mtg Place ☐ Mtg Time ☐ GR ☐ Contact	□ Sponsor			
	ecial Notes: .anguage Spok /lailing Langua Special instruct		door, etc.					
Nar Stre City Zip	ne eet/PO Box	ddress: (All WSO gr	oup mail is sent to	o this address, to be taken to the LAST State/Province Country	e group.)			
(8) Med (9) Med City Zip/ (10) Alat	eting Place eting Address / /Postal Code teen Age Range of Members	- (11	Day: Su Mo	State/Province Country Tu We Th Fr Sa	Time: AM PM			
, ,	ntact (if other that It Name	nan Sponsor). Cont	acts are Sponsors	or other Al-Anon members invo				
(14) GROUP SPONSORS MUST COMPLETE THE <i>AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE</i> FORM THE WSO ID # WILL BE ASSIGNED								
Nar Nar	me (First) me (Last) me (First) me (Last)			WSO ID #	√ if OK to list as a contact?			
(15) Alat Add City Zip/	/Postal Code	FIRST		State/Province Country				
Pho	one Number	- -		ril				