

Form Two

AI-Anon Member Involved In Alateen Service

It is required that this form be completed by all AI-Anon Members Involved in Alateen Service.

(Please Print)

First & Last Name: _____

Street Address: _____

City, State/Province: _____

Zip/Postal Code: _____

Phone: _____

E-mail: _____

I am in compliance with my Area's Safety and Behavioral requirements and agree to abide by them.

Applicant Signature **Date**

To the best of my knowledge, the above AI-Anon member meets the Area's Safety and Behavioral requirements.

Area Alateen Process Person's Signature 044
Area # **Date**

AAPP Please Print Name Here: _____

Each Area must certify to the WSO annually that each AI-Anon Member Involved in Alateen Service has met the Area's Safety and Behavioral Requirements and has agreed to abide by them.

WSO Assigned ID Number _____

For Area Use: Read the Safety Requirements. Authorization is valid for one calendar year. (Please submit annually.)

Home Group GR's Signature: _____ Phone Number: _____

District Representative's Signature _____ Phone Number: _____

District Number: _____ (If your district does not have a DR, send this to the Area Alateen Coordinator.)

⇌⇌⇌ **Applicants:** Is this a new or renewal application? **Please check one.** ⇌⇌⇌

Send the original FORM ONE and FORM TWO to the Area Alateen Process Person.