Al-Anon Group Records Change Form

Please submit this form through your Area Group Records Process or the WSO

| 1. Group Record | 2. Status | 3. Changes | | |
|---|------------------------------|--------------------------------------|--|------------------------------------|
| WSO I.D. Number | ☐ Change | ☐ Group Name | ☐ GR | Meeting Place |
| District Number | ☐ Inactive | ☐ Current Mailing | Address (CMA) | Meeting Time |
| Area Name (Abbreviation) | | ☐ Phone Contact fo | or the Public | Meeting Day |
| 4. Group Registration Overview | | | | |
| Group Name** Reflects Al-Anon principles and is inviting to all. See instructioning of the registration. Contact your Area Group Records Coords | | | compliance with the i | Al-Anon policy will delay process- |
| Mailing Language | | | | |
| Location | | | | |
| Meeting Place | | | | |
| Meeting Address | | | | |
| CityState/Province | ce Zip/Po | ostal Code | Country _ | |
| Group email | | | | |
| Phone Contact for the Public | | | | |
| First Name | | Phone Number | | |
| | Phone Number | | | |
| 5. Meeting Details | | Additional Meeting | | |
| Day Time | □ AM □ PM | | | |
| Meeting Attendees: Families, Friends and Ob Families and Friends onl | | _ | Families, Friends Families and Frie | s and Observers welcome ends only |
| Spoken Language Member Count | | Spoken Language Member Count | | |
| ☐ Beginners* ☐ Introductory** ☐ Limited Access*** | | ☐ Beginners* ☐ | Introductory** | ☐ Limited Access*** |
| ☐ Handicap Access ☐ Child Care ☐ Fragrance Free ☐ Smoking Permitted ☐ Sign Language | | ☐ Handicap Access☐ Smoking Permitted | | |
| Location Instructions | | Location Instructions _ | | |
| *held in conjunction with a regular Al-Anon group meeting, not ** Attendance changes frequently; not considered an Al-Anon of *** Meeting access is limited due to the facility's entry restriction | group. Attendees are invit | ed to go to regular Al-Anon meet | ings. | |
| 6. Current Mailing Address (WSO mail for the | group is sent to the | e postal and email addres | ses) | |
| First Name | | Last Name | | |
| Street/PO Box | | City | | |
| State/Province | Zip/Postal Code | | Country | |
| Phone Number | ldress in section #4 (See in | astructions for more information) | | |
| 7. For Area Use Group Rep Other | | | | |
| First Name | | Last Name | | |
| Street/PO Box | | City | | |
| State/Province | Zip/Postal Code | | Country | |
| Phone Number | | | | |
| The WSO will register any group designating itself as an Al-A to any Al-Anon members. <i>Al-Anon/Alateen Service Manual</i> (P. | | - | oide by the Traditions | and that meetings will be open |
| Submitted by: Date: | Phoi | ne: | Email: | |