

Al-Anon Group Records Change Form

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

1. Group Record

WSO I.D. Number _____
District Number _____
Area Name (Abbreviation) _____

2. Status

Change
 Inactive

3. Changes

Group Name GR Meeting Place
 Current Mailing Address (CMA) Meeting Time
 Phone Contact for the Public Meeting Day

4. Group Registration Overview Location

Group Name* _____
** Reflects Al-Anon principles and is inviting to all. See instructions to fill out the form. Please note that group names not in compliance with the Al-Anon policy will delay processing of the registration. Contact your Area Group Records Coordinator or the WSO for further information.*

Mailing Language _____

Location

Meeting Place _____
Meeting Address _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Group email _____

Phone Contact for the Public

First Name _____ Phone Number _____
First Name _____ Phone Number _____

5. Meeting Details

Day _____ Time _____ AM PM
Type: Open Closed
Spoken Language _____ Member Count _____
 Beginners* Introductory** Limited Access***
 Handicap Access Child Care Fragrance Free
 Smoking Permitted Sign Language

Location Instructions _____

Additional Meeting

Day _____ Time _____ AM PM
Type: Open Closed
Spoken Language _____ Member Count _____
 Beginners* Introductory** Limited Access***
 Handicap Access Child Care Fragrance Free
 Smoking Permitted Sign Language

Location Instructions _____

**held in conjunction with a regular Al-Anon group meeting, not considered an Al-Anon group. Provide newcomers a simple introduction to Al-Anon.
** Attendance changes frequently; not considered an Al-Anon group. Attendees are invited to go to regular Al-Anon meetings.
*** Meeting access is limited due to the facility's entry restrictions. These groups meet at sites such as military bases, institutions, industrial plants, or schools.*

6. Current Mailing Address (WSO mail for the group is sent to the postal and email addresses)

First Name _____ Last Name _____
Street/PO Box _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Phone Number _____ Email _____

CMA email address is entered here. Please enter Group email address in section #4 (See instructions 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 _____ Email _____

The WSO will register any group designating itself as an Al-Anon Family Group with the understanding that it will abide by the Traditions and that meetings will be open to any Al-Anon members. *Al-Anon/Alateen Service Manual (P24/27), "Digest of Al-Anon and Alateen Policies"*

Submitted by: _____ Date: _____ Phone: _____ Email: _____