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:* _____

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