Alateen Registration/Group Records Change Form (GR-3)

Alateen Registration/Change forms are submitted to the WSO through your Area process. Please check with your Delegate, District Representative or Alateen Coordinator for information on where to send this form.

1. Group Record				2. Sta	2. Status			3. Changes (Check all that apply)		
WSO I.D. Number				1	New			☐ Group Name		
					☐ Change		☐ Current Mailing Address (CMA) ☐ Mtg Place ☐ Sponsor			
District Number Area Name (Abbreviation)				_ 💷	☐ Inactive			e	☐ Sponsor☐ Contact	
				_				☐ Mtg Time ☐ GR		
4. D	etails (Note: Alateen r	neetings are clo	sed meetings)						
Grou	p Name	<u> </u>				N	Member Count:			
Mail I	Langua	ge		Spoken	Language		Age Range			
Meet	ing Day		Time	AM PM	Limited	Access*	☐ Handicap /	Access	Sign Language	
Locat	tion: M	leeting Place _				****				
Meet	ing Add	dress								
City					_ State/Province _	Zip	o/Postal Code		Country	
Locat	tion ins	structions, i.e. u	ise back door, et	c						
					ventions of the Al-Anon/A				_	
5. G	roup A	MIAS Group S	ponsors Must Co	omplete the Al-An	on Member Involved	d In Alate	en Service (AMIA	AS) Form		
					primary group Spo			e assign	ed if new AMIAS.	
	Remov		ig removed, a re	placement must b	e provided in order	to proces	SS.			
Add	Remov				(las	st)				
	_						☐ Home	□ Wo	ork	
		WSO ID#		Phone			– □ Cell	□ Ok	to list as a contact	
		Name (first)			(las	st)			<u> </u>	
		WSO ID#		Phone			☐ Home ☐ Cell	□ W	ork c to list as a contact	
		_					_ <u> </u>		to list as a contact	
		Name (first)			(las	st)				
		WSO ID#		Phone			☐ Home ☐ Cell		ork k to list as a contact	
Pho	ne Con	ntact (if other t	han Sponsor). Co	ontacts must be Al-A	Anon Members Involv	ved in Ala	teen Service (AMI)	AS)		
Nam	e (first)			WSO ID#			Phone			
6. C	urrent	Mailing Addre	ss (All WSO mail	for the aroup is ser	nt to this address; ple	ase be sui	e it's a current AN	MAS).		
					Last Name				_	
City				State/Province		o/Postal Code		Country		
Phone Number ☐ Home ☐ Cell ☐ Work					E-mail					
7. F	or Area	Use Alateer	n GR (First/Last N	Name)						
					_ State/Province _				Country	
Phon	ne Numl	ber 🗖 Home	□ Cell □ Work		E-mail					
					Phone:					