**ALATEEN REGISTRATION/GROUP RECORDS CHANGE FORM**

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

1. **WSO I.D. Number** [ ] [ ] [ ] District Number [ ] [ ] Area Number [ ] [ ]

2. **Registration**
   - [ ] New
   - [ ] Current
   - [ ] Not Sure If Registered
   - [ ] Disbanded

3. **Group type is:**
   - [ ] Closed
   - [ ] Institution
   - [ ] Limited Access

4. **Changes:**
   - [ ] Current Mailing
   - [ ] Group Name
   - [ ] Mtg Place
   - [ ] Mtg Time
   - [ ] Sponsor
   - (Check all that apply)
   - [ ] Address (CMA)
   - [ ] Mtg Day
   - [ ] GR
   - [ ] Contact

5. **Special Notes:**
   - [ ] Language Spoken
   - [ ] Mailing Language
   - [ ] Special instructions, i.e. use back door, etc.

6. **Current Mailing Address:** (All WSO group mail is sent to this address, to be taken to the group.)

   - **Name**
   - **Street/PO Box**
   - **City**
   - **Zip/Postal Code**
   - **Phone Number**
   - **E-Mail**

7. **Group Name**

8. **Meeting Place**

9. **Meeting Address**

   - **City**
   - **Zip/Postal Code**

10. **Alateen Age Range**

11. **Day:** Su Mo Tu We Th Fr Sa

12. **Time:** [ ] : [ ] AM PM

13. **No. of Members**

14. **Contact (if other than Sponsor). Contacts are Sponsors or other Al-Anon members involved in service.**

   - **First Name**
   - **Phone #**

15. **GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE FORM**

   - **Name (First)**
   - **WSO ID #**
   - [ ] if OK to list as a contact?
   - **Name (Last)**
   - **Phone #**

16. **For Area Use:**

   - **Alateen Group Rep**
   - **Address**
   - **City**
   - **Zip/Postal Code**
   - **Phone Number**
   - **E-Mail**

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Date __________________