

Bermuda Recertification Form for Al-Anon Member Involved In Alateen Service (AMIAS)

ALL AMIIAS are required to recertify their eligibility annually. Fill in your name and ONLY THE CONTACT INFORMATION THAT HAS CHANGED in the boxes below. Mail, e-mail, or hand the form to your DR by April 10.

(Please print in BLACK ink)

First and last name:

Street address (no PO Box):

City, State/Province:

Zip and Phone:

E-mail:

I remain in compliance with my area's safety and behavioral requirements and agree to abide by them.

AMIAS Signature (required for recertification)

Date

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

District Representative Signature

District #

Date

Each area must recertify to the WSO annually that each Al-Anon member involved in Alateen service continues to meet the area's safety and behavioral requirements and agrees to abide by them.

WSO Assigned ID Number: _____

To AMIAS: Fill in any field below THAT HAS CHANGED. Remember to notify District Representative if your contact info changes during the year.

Primary Alateen group worked with _____

Location _____
City District #

Alateen group WSO ID number _____

Home Al-Anon group _____

Al-Anon group WSO ID _____