

# Alateen Group Records Change Form

**Please submit this form through your Area Alateen Process Person**

## 1. Group Record

WSO I.D. Number \_\_\_\_\_  
 District Number \_\_\_\_\_  
 Area Name (Abbreviation) \_\_\_\_\_

## 2. Status

Change  
 Inactive

## 3. Changes (check all that apply)

Group Name       Mtg Day       Sponsor  
 Mtg Place       Current Mailing Address (CMA)       Contact  
 Mtg Time

## 4. Details

Group name \_\_\_\_\_ Member Count: \_\_\_\_\_  
 Mailing Language \_\_\_\_\_ Spoken Language \_\_\_\_\_ Age Range \_\_\_\_\_  
 Meeting Day: Su Mo Tu We Th Fr Sa      Meeting Time: \_\_\_\_:\_\_\_\_ AM PM  
 Limited Access\*     Handicap Access     Sign Language

\*See in the Policy Digest the section titled Membership and Group Meetings/Conventions Alateen Meetings in Schools and other Limited Access Facilities of the **AI-Anon/Alateen Service Manual** (P24/27) for information and/or definitions.

### Location:

Meeting Place \_\_\_\_\_  
 Meeting Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Location Instructions, i.e. use back door, etc. \_\_\_\_\_

Note: Only current Alateen members, prospective Alateen members, and the Area certified AMIAS attend Alateen meetings.

## 5. Group AMIAS

**Phone Contact for the Public.** Contacts must be currently certified Al-Anon Members Involved in Alateen Service (AMIAS)

Add/Remove (circle one)    WSO ID# \_\_\_\_\_ First Name \_\_\_\_\_ Phone # \_\_\_\_\_

### GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS) FORM Please list the primary group certified Alateen Sponsors.

#### Group Sponsor(s) to Add

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 WSO ID# \_\_\_\_\_  if Ok to list as a contact    Phone # (Home/ Cell/ Work) \_\_\_\_\_  
 Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 WSO ID# \_\_\_\_\_  if Ok to list as a contact    Phone # (Home/ Cell/ Work) \_\_\_\_\_

#### Group Sponsor(s) to Remove (if CMA for the group, a replacement must be provided in order to process)

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ WSO ID# \_\_\_\_\_  
 Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ WSO ID# \_\_\_\_\_

## 6. Current Mailing Address: (All WSO mail for the group is sent to this address; it must be a current AMIAS).

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number (Circle one)    Home/ Cell/ Work \_\_\_\_\_ Email \_\_\_\_\_  
 Phone # (Home/ Cell/ Work) \_\_\_\_\_ Email \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_