Alateen Group Registration Form
Please submit this form to the Area Alateen Process Person.
In order to use the Alateen name, groups must first register through their Area's Alateen process.

1. Group Record

District Number _____

Area Name (Abbreviation) _____

2. Status

❏ New

❏ Not Sure if Registered

3. 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 *Alateen Meetings in Schools and Other Limited Access Facilities* of the **Al-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)

4. Group AMIAS

Phone Contact for the Public. (if other than Sponsor). *Contacts must be a current certified Al-Anon Members Involved in Alateen Service (AMIAS)*

WSO ID# _____First Name _____ Phone #_____

Group Sponsors must be currently certified through the Area process
Please list the primary group certified Alateen Sponsors.

Group Sponsor(s)

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) _____

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) _____

5. 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 _____