

Al-Anon Registration/Group Records Change Form

A red label indicates a required field.

(0) Contact information for person making the request.

First Name: Last Name:

Phone: - - Email:

If this is a new registration place ***** in the WSO ID box.

(1) WSO ID Number: District Number: Area Number: 86

(2) Registration: New Current Not Sure If Registered Disbanded

(3) Group type (check all that apply)

Regular Beginners Adult Children Gay and Lesbian

Step Study Institution Limited Access

Men Women Parents Spouses

(4) Changes (check all that apply)

Group Type Meeting Features

Current Mailing Address Group Info

GR Contact

Service Position

(5) Group Features (check all that apply)

Open Smoking Signing (ASL) Wheelchair Access Babysitting

(5) Spoken Language: Mailing Language:

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

First Name: Last Name:

Address:

City: State/Province:

Zip/Postal Code: Country:

Phone: - - Email:

(7) Group Name:

(8) Meeting Place:

(9) Address:

City: State/Province: Zip/Postal Code: Country:

(10) No. of Members:

(11) Day: Time:

Directions (intersections, entrances, room...)

Messages (Discussion meeting, speaker last meeting of month...)



(12) Contacts (WSO refers newcomers and visitors to these members for information about your meeting.)

First Name: Phone: - -

First Name: Phone: - -

(13) Group Rep

First Name: Last Name:

Address:

City: State/Province:

Zip/Postal Code: Country:

Phone: - - Email:

For Additional Information (indicate title of service position.)

(14)

First Name: Last Name:

Address:

City: State/Province:

Zip/Postal Code: Country:

Phone: - - Email:
