

# Alateen Registration/Group Records Change Form (GR-3)

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

**1. Group Record**

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

**2. Status**

- New
- Change
- Inactive

**3. Changes (Check all that apply)**

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

**4. Details (Note: Alateen meetings are closed meetings)**

Group Name \_\_\_\_\_ Member Count: \_\_\_\_\_  
 Mail Language \_\_\_\_\_ Spoken Language \_\_\_\_\_ Age Range \_\_\_\_\_  
 Meeting Day \_\_\_\_\_ Time \_\_\_\_\_  AM  PM |  Limited Access\*  Handicap Access  Sign Language  
 Location: Meeting Place \_\_\_\_\_  
 Meeting Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Location instructions, i.e. use back door, etc. \_\_\_\_\_

\* See in the Policy Digest the section titled Membership and Group Meetings/Conventions of the Al-Anon/Alateen Service Manual (P24/27) for information and/or definitions

**5. Group AMIAS Group Sponsors Must Complete the Al-Anon Member Involved In Alateen Service (AMIAS) Form**

**Group Sponsor(s) to Add or Remove.** Please list the two primary group Sponsors. The WSO ID# will be assigned if new AMIAS. If CMA for the group is being removed, a replacement must be provided in order to process.

**Add Remove**

- |                          |                          |                                 |                               |  |
|--------------------------|--------------------------|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work                    |
|                          |                          | WSO ID# _____ Phone _____       | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |
|                          |                          |                                 |                               |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work                    |
|                          |                          | WSO ID# _____ Phone _____       | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |
|                          |                          |                                 |                               |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Name (first) _____ (last) _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work                    |
|                          |                          | WSO ID# _____ Phone _____       | <input type="checkbox"/> Cell | <input type="checkbox"/> Ok to list as a contact |

**Phone Contact** (if other than Sponsor). Contacts must be Al-Anon Members Involved in Alateen Service (AMIAS)

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

**6. Current Mailing Address (All WSO mail for the group is sent to this address; please be sure it's a current AMIAS).**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number  Home  Cell  Work \_\_\_\_\_ E-mail \_\_\_\_\_

**7. For Area Use**

Alateen GR (First/Last Name) \_\_\_\_\_

Street/PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number  Home  Cell  Work \_\_\_\_\_ E-mail \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail the completed form to:

Marti Wicksall  
1101 Footpath Trail  
Kingsley, MI 49649

If you have any questions about the form or where to mail it please do not  
hesitate to call or text.

231-409-6417