

New Al-Anon Group Registration Form

Please submit this form through your Area Group Records Process or the WSO

1. Group Record

District Number _____ Area Name (Abbreviation) _____

2. Status

New Not Sure If Registered

3. Group/Registration Overview

Group Name* _____
** Reflects Al-Anon principles and is inviting to all. See instructions to fill out the form. Please note that group names not in compliance with the Al-Anon policy will delay processing of the registration. Contact your Area Group Records Coordinator or the WSO for further information.*

Mailing Language _____

Location

Meeting Place _____

Meeting Address _____

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

Group email _____

Phone Contact for the Public

First Name _____ Phone Number _____

First Name _____ Phone Number _____

4. Meeting Details

Day _____ Time _____ AM PM

Type: Open Closed

Spoken Language _____ Member Count _____

Beginners* Introductory** Limited Access***

Handicap Access Child Care Fragrance Free

Smoking Permitted Sign Language

Location Instructions _____

Meeting type

Day _____ Time _____ AM PM

Type: Open Closed

Spoken Language _____ Member Count _____

Beginners* Introductory** Limited Access***

Handicap Access Child Care Fragrance Free

Smoking Permitted Sign Language

Location Instructions _____

**held in conjunction with a regular Al-Anon group meeting, not considered an Al-Anon group. Provide newcomers a simple introduction to Al-Anon.*

*** Attendance changes frequently; not considered an Al-Anon group. Attendees are invited to go to regular Al-Anon meetings.*

**** Meeting access is limited due to the facility's entry restrictions. These groups meet at sites such as military bases, institutions, industrial plants, or schools.*

5. Current Mailing Address (WSO mail for the group is sent to the postal and email addresses)

First Name _____ Last Name _____

Street/PO Box _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Email _____

CMA email address is entered here. Please enter Group email address in section #3 (See instructions for more information)

6. For Area Use Group Rep Other

First Name _____ Last Name _____

Street/PO Box _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Number _____ Email _____

The WSO will register any group designating itself as an Al-Anon Family Group with the understanding that it will abide by the Traditions and that meetings will be open to any Al-Anon members. *Al-Anon/Alateen Service Manual (P24/27), "Digest of Al-Anon and Alateen Policies"*

Submitted by: _____ Date: _____ Phone: _____ Email: _____