SCWS & WSO

Al-Anon Registration/Group Records Change Form

(1) WSO I.D. Number ☐☐☐☐☐☐ District Number ☐☐☐ Area Number ☐☐☐ Date ☐☐/☐☐/☐☐☐☐

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

(3) Group type is: (Check all that apply)
❑ Beginners ❑ Al-Anon Adult Children ❑ Limited Access
❑ Institution ❑ Other (Example: Men, Women, Step-Study, Parents, Gay) ______________

(4) Changes: (Check all that apply)
❑ Current Mailing Address (CMA) ❑ Group Name ❑ Mtg Place ❑ Mtg Time ❑ AGR
❑ Mtg Day ❑ GR ❑ Contact ❑ Other

(5) Special Needs & Group Features:
❑ Open ❑ Closed ❑ Non-Smoking
❑ Babysitting ❑ Signing (ASL) ❑ Handicap Access
❑ Language Spoken
❑ Mailing Language
❑ Special instructions, i.e. use back door, etc. ______________________________

(6) Current Mailing Address: (All WSO group mail is sent to this address, to be taken to the group.) ❑ GR ❑ ALT GR

Name FIRST LAST
Street/PO Box
City State/Province
Zip/Postal Code Country
Phone Number - - E-Mail

(7) Group Name
(8) Meeting Place
(9) Meeting Address
City State/Province
Zip/Postal Code Country
(10) No. of Members (11) Day: Su Mo Tu We Th Fr Sa Time: : AM PM

(12) Contacts (WSO refers newcomers and visitors to these members for information about your meeting.)
First Name Phone # - -
First Name Phone # - -

For Area Use:
(13) Group Rep FIRST LAST
Address
City State/Province
Zip/Postal Code Country
Phone Number - - E-Mail

For Additional Area Use: (Indicate title of service position.) --District Officers/Intergroup Liaisons/Convention Chairs
(14) ______________ FIRST LAST
Address
City State/Province
Zip/Postal Code Country
Phone Number - - E-Mail

SEND TO: **SCWS GROUP RECORDS SECRETARY**
P.O. Box 350 – North Hollywood, CA 91603
Phone: (714) 841-6066