

# Al-Anon Registration/Group Records Change Form (GR-1)

Please send this form to SCWS only. Please do not send a copy to WSO.

## 1. Group Record

WSO I.D. Number \_\_\_\_\_

District Number \_\_\_\_\_

Area Name (Abbreviation) \_\_\_\_\_

## 2. Status

- New  
 Change  
 Inactive  
 Not Sure If Registered

## 3. Changes (Check all that apply)

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

## 4. Group/Registration Overview

Group Name \_\_\_\_\_ Mailing Language \_\_\_\_\_

*Reflects Al-Anon principles and is inviting to all. See [Instructions to fill out the GR-1 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.*

Location: Meeting Place \_\_\_\_\_

Meeting Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Contact First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## 5. Meeting Details

Day \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Type:  Open  Closed

Spoken Language \_\_\_\_\_ Member Count \_\_\_\_\_

Beginners\*  Introductory\*\*  Limited Access

Handicap Access  Babysitting  Fragrance Free

Smoking Permitted  Sign Language

### Location Instructions

## Additional Meeting

Day \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Type:  Open  Closed

Spoken Language \_\_\_\_\_ Member Count \_\_\_\_\_

Beginners\*  Introductory\*\*  Limited Access

Handicap Access  Babysitting  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.

## 6. Current Mailing Address (WSO mail for the group is sent to the CMA postal and e-mail address)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## 7. For Area Use

Group Rep  Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

*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 meeting will be open to any Al-Anon members. Al-Anon/Alateen Service Manual (P-24/27), "Digest of Al-Anon and Alateen Policies"*

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