

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
- GR
- Mtg Time
- 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: _____