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

Please send this form through your Area Process or the WSO

1. Group Record	2. Status		3. Changes (Check	k all that apply)	
WSO I.D. Number	□New		Group Name		
District Number	☐ Chang	e	☐ Current Mailii☐ Mtg Place	ng Address (CMA)	
	☐ Inactiv	re		☐ Mtg Time	
Area Name (Abbreviation)	Not Su		□GR	Contact	
4. Group/Registration Overview					
	Mailing Language				
Reflects Al-Anon principles and is inviting to all. See [Instruct processing of the registration. Contact your Area Group Reco				he Al-Anon policy will delay	
Location: Meeting Place					
Meeting Address					
City				Country	
Contact First Name	Phone Number				
Contact First Name	Phone Number				
5. Meeting Details			Additional Meeting		
Day Time	□ам □рм	Dav	Time	□ам □рм	
Type: ☐ Open ☐ Closed			n $\square$ Closed		
Spoken Language Member	Count		e.sses. ige Men	nber Count	
· _ ·	□ Beginners* □ Introductory** □ Limited Access □ Beginners* □ Introductory** □ Limited Acc				
☐ Handicap Access ☐ Babysitting ☐ Fragrance Free ☐ Smoking Permitted ☐ Sign Language ocation Instructions		☐ Handicap Ac☐ Smoking Per		•	
* Held in conjunction with a regular Al-Anon group meeting; ** Attendance changes frequently; not considered an Al-Ano				on.	
<b>6. Current Mailing Address</b> (WSO mail for th	ne group is sent to the	e CMA postal and	e-mail address)		
First Name	<u> </u>	•			
Street/PO Box					
City	Sta	te/Province	Zip/Postal Code	Country	
Phone Number		E-mail			
7. For Area Use Group Rep Other					
First Name	Last Name				
Street/PO Box					
City	Sta	te/Province	Zip/Postal Code	Country	
Phone Number		E-mail		·	
The WSO will register any group designating itself that meeting will be open to any Al-Anon membe					
Submitted by: Date	: Phone	::	E-mail:		