

NCWSA AL-ANON REGISTRATION / GROUP RECORDS CHANGE FORM

NCWSA Al-Anon Family Group Registration Form (A16)

1. GROUP RECORD

WSO I.D. _____
District No. _____
Area: **03 CAN**

2. STATUS

New-Date first mtg: _____
 Not Sure if Registered
 Change
 Inactive

3. CHANGES (Check all that apply)

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

4. GROUP / REGISTRATION OVERVIEW

a. Group Name: _____ b. Mailing Language: _____

The Group Name reflects Al-Anon principles and is inviting to all. See instructions to fill out the A16 Form. Please note that group names not in compliance with the Al-Anon Policy will delay WSO processing of the registration. Contact your Area Group Records Coordinator or the WSO for further information.

b. Location Meeting Place _____

c. Meeting Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Group e-mail: _____

Contact First Name: _____ Phone Number: _____

Contact First Name: _____ Phone Number: _____

Group Focus: **Al-Anon Adult Children** **Parents** **GBT** **Men** **Women**

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 meeting; not considered an Al-Anon group. Provides 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.

6. CURRENT MAILING ADDRESS (CMA): WSO & NCWSA mail for the group is sent to the CMA postal and e-mail addresses

First Name: _____ Last Name: _____
Street/PO Box: _____ City: _____ ST/Zip Code: _____
Phone Number: _____ E-Mail: _____

CMA e-mail is entered here. Please enter **Group** e-mail address in section #4 (see instructions for more information)

7. GROUP REPRESENTATIVE (GR) INFORMATION

CMA is GR (if checked, proceed to #8 below)

First Name: _____ Last Name: _____
Street/PO Box: _____ City: _____ ST/Zip Code: _____
Phone Number: _____ E-Mail: _____

The WSO will accept registration for any group designating itself as an Al-Anon Family Group with the understanding that it will abide by the Traditions and that the meeting will be open to any Al-Anon members. Al-Anon/Alateen Service Manual (P-24/27), "Digest of Al-Anon and Alateen Policies"

8. FORM SUBMISSION

Submitted by: _____ Phone: _____ Date: _____
E-Mail: _____

SEND to: NCWSA Group Records, George L., by US Mail: PO Box 3225, Arnold, Ca. 95223 or by e-mail: Grouprecords@ncwsa.org
Send a Copy to: The District Representative and Local AIS office. (PLEASE DO NOT SEND TO WSO)