

# Al-Anon Group Record Change Form

## For Groups with a Physical Meeting Location

Please submit this form through your Area Group Records Process or to the WSO

### 1. GROUP RECORD:

WSO ID Number \_\_\_\_\_

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

Area Name or Abbreviation \_\_\_\_\_

### 2. STATUS:

Change

Inactive

If selecting Inactive, please complete section 8.

### 3. SUMMARY OF GROUP CHANGES:

Group Name, Mailing Language, Physical Meeting Location, or Email Address

Participants

Phone Contact for the Public Name or Phone Number

Meeting Day, Time, or Other Details

Name, Address, or Phone

Number of Group Current Mailing Address

Name, Address, or Phone

Number of Group Representative

### 4. DETAILED GROUP CHANGES:

Please provide detailed group changes below. If the requested information has not changed, leave the section blank.

Group names are visible to members, newcomers, professionals, and the public. They are the first chance a group has to offer help and hope. They reflect Al-Anon principles and are inviting to all. The WSO reviews all proposed group names and reserves the right to delay processing group name changes when meeting names are not in keeping with Al-Anon spiritual principles. Contact your Area Group Records Coordinator or the WSO for further information.

Group Name \_\_\_\_\_

Mailing Language (Select one)  English  French  Spanish

Meeting Place \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Group Email \_\_\_\_\_

**PARTICIPANTS** This information is **optional**. In keeping with Traditions Three and Five, our groups welcome anyone affected by someone else's drinking.

**Every Al-Anon meeting is open to every Al-Anon member.**

Parents of Alcoholics  Adult Children  Young Adults

People of Color  Women  Men  LGBTQIA+

### PHONE CONTACTS FOR THE PUBLIC:

First Name 1 \_\_\_\_\_ Phone Number 1 \_\_\_\_\_

First Name 2 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

**5. MEETING DETAILS:** Day(s) \_\_\_\_\_

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

Families and Friends only  Families, Friends and Observers welcome

Meeting Language \_\_\_\_\_ Member Count \_\_\_\_\_

**These options have changed. Please see Instructions for updated definitions.**

Introductory  Limited Access  Fragrance Free

Handicap Access  Child Care  Sign Language

Smoking Permitted  Beginners

Location Instructions \_\_\_\_\_

### 6. CURRENT MAILING ADDRESS:

(WSO mail for the group is sent to the postal and email addresses)

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

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

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ CMA Email \_\_\_\_\_

### 7. GROUP REPRESENTATIVE (GR):

Members of Al-Anon who are also members of A.A. do not serve as Group Representatives. "Members honor this policy out of respect for Al-Anon unity and the group conscience process, in accordance with Tradition One and Tradition Two." (*Digest of Al-Anon and Alateen Policies*)

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

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

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ GR Email \_\_\_\_\_

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- Suggested Welcome, Suggested Closing, Suggested Preambles to the Twelve Steps, the Twelve Steps, Twelve Traditions, and Twelve Concepts of Service as they are found in the current version of the *Al-Anon/Alateen Service Manual (P24/27)*, without alteration or modification.

- Conference Approved Literature (CAL) screenshots or printouts, when accompanied by copyright acknowledgment and limited in scope to content possible to be shared and discussed during one meeting.

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**8. GROUP INACTIVATION:** Registered Group Name and/or WSO ID \_\_\_\_\_

Meeting Day and Time \_\_\_\_\_ Meeting City and State/Province \_\_\_\_\_

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 meetings will be open to any Al-Anon member. (*Digest of Al-Anon and Alateen Policies*)

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_