

Al-Anon Member Involved In Alateen Service

This form must be completed by **ALL** Al-Anon members involved in service to Alateen.

(Please Print)

First & Last Name:

Street Address:

City, State/Zip Code:

Phone:

e-mail:

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

Signature

Date

My District # is: _____

The Al-Anon Group I attend on a regular basis is: _____

Signature of Group Rep, Alt Group Rep, or District Rep: _____

Please Print Name Below:

Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

FOR ALATEEN GROUP SPONSORS:

Name of Alateen Group: _____ Group ID #: _____

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FOR AREA 20 USE ONLY:

Meets Requirements: AMIAS Sponsor

Does Not Meet Requirements

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

Authorized Area Signature

Area #

Date

WSO Assigned ID Number: _____