

NC Recertification Form for Al-Anon Member Involved In Alateen Service (AMIAS)

ALL AMIAS are required to recertify their eligibility annually. Please complete the form and mail or hand form to your DR on or before April 10, 2015.

(Please print in BLACK ink)

First and last name:

Street address (no PO box):

City, State/Province:

Zip and Phone:

Email:

Birthdate:

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

(AMIAS Signature)

(Date)

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

(District Representative Signature)

(District #)

(Date)

Each area must recertify to the WSO annually that each Al-Anon member involved in Alateen service continues to meet the area's safety and behavioral requirements and agrees to abide by them.

WSO Assigned ID Number:

To AMIAS: Fill in any field below THAT HAS CHANGED. Remember to notify District Representative if your contact info changes during the year.

Primary Alateen group worked with _____

Location _____
(City) (District #)

Alateen group WSO ID number _____

Home Al-Anon group _____

Al-Anon group WSO ID _____