



Department of Washington

ALA MIS Setup Request – This Form is for Unit Full Access Only

Units may have 2 ALA MIS Users in any combination

2026 Dues MUST be paid NO EXCEPTIONS

*Required Field

Type of Request (Choose Only One)*

- ☐ Add New User (not replacing anyone)
- ☐ Replace Current User (if the user you list to be replaced does not have the same level of access or does not have access at all, you will be billed the full amount of the level requested-no exceptions)
- ☐ Change Current User Access Level (if you are replacing with a higher level of access you will be billed the full amount of the new level of access-no exceptions)

Unit Number* _____

Unit Member ID Number* _____

Unit Member Name Requesting Access*

Unit Member Email* (accuracy is important as this is the email the invitation to take the training & quiz will be sent to)

District Number* _____

Please complete this form and send it to the Department of Washington Secretary

Secretary@walegion-aux.org

PO Box 5867 | Lacey WA | 98509

\$20 Unit Full Access Fee will be due once you are approved by National