

**2023 ALAMIS ACCESS REGISTRATION**

(American Legion Auxiliary Membership Information System)

***Unit officers with a valid e-mail address can now have access to the American Legion Auxiliary Membership Information System (ALAMIS).***

*Up to two officers per unit may register for access but they must have their own individual e-mail addresses.*

Your ALAMIS Access form must be turned in and paid yearly.

Once entered you can look up existing/new member numbers and will be able to find continuous years for award distribution. You will have the ability to export the data into Excel to print address labels or create mass email lists for newsletters or bulletins and you may view and print your own rosters: paid roster, unpaid rosters, former/expired member rosters, online payments roster and PUFL roster.

Subscription fee is **$10.00 per person** for read only access from January 1 – December 31, 2023. If you are replacing someone who has already paid, you may use their permissions until it expires.

2024 access sign up starts after Convention.

**Return this form with payment to: ALA Dept of WA P.O. Box 5867 Lacey, WA 98509-5867**

**Alternately you may send this form to secretary@walegion-aux.org.**

Please see below for CC payments or call at (360) 456-5995

There will be a $25.00 charge for any bank returned checks.

***Use a separate form for each officer.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit City Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ District #:\_\_\_\_\_\_\_

What is your position level: (circle one) Unit District Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Washington State has only two persons who enter information, access is for read only.*

What is level of access that you need for your position? (Circle one) Unit District Department

Are you replacing anyone? (Circle one) Y / N

If so, what is their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If another person is submitting this form, please provide:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For CC payment: CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp\_\_\_/\_\_\_\_ CVV\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

For official use only:

Check amount: $ \_\_\_\_\_\_\_\_\_\_\_/ Total Amount\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_ Also covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered into ALAMIS on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated 3/23 sda