



# American Legion Auxiliary

In the Spirit of Service Not Self for Veterans, God and Country

## **2025 ALAMIS ACCESS REGISTRATION**

(American Legion Auxiliary Membership Information System)

***Unit officers with a valid e-mail address can now access ALAMIS.***

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

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

Once entered you can look up existing/new member numbers and other information 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, create mass email lists for newsletters or bulletins, and you may view and print your own rosters. Options available are paid roster, unpaid rosters, former/expired member rosters, online payments roster and PUFL rosters. Each are very useful.

The subscription fee is **\$10.00 per person** for read only access from **January 1, 2025 – December 31, 2025**. If you are replacing someone who has already paid, you may use their permissions until it expires. Sign up starts after the 23-24 Convention for the 2024-2025 year. This means if you sign up in August for the first time you will receive the subscription for August 2024-Dec 2025.

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

**Alternately you may send this form to [secretary@walegion-aux.org](mailto: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 applicant. (\* denotes required information)

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

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

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

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

What is the 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 # \_\_\_\_\_ Access amount: \$ \_\_\_\_\_ Check total: \$ \_\_\_\_\_ Also covers: \_\_\_\_\_

CC (last 4): \_\_\_\_\_ Amount \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Entered into ALAMIS on:

Updated 3/24 sda