



# 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.*

*(Department and District officers are not included in this number.)*

**Your ALAMIS Access form must be turned in and paid for each year before 12/31.**

Once entered you can look up existing/new member numbers and other information. 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 subscription permission under their payment until it expires- uses separate sign in information. 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).**

There will be a \$25.00 charge for any bank returned checks. Please see below for CC payments or call at (360) 456-5995.

**Please note that a 3.51% fee will be added to any cc transactions.**

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:** Name on Card \_\_\_\_\_

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 11/24 sda