

Unit #:

District #

Office use only/Rcv'd

### 2020 UNIT ALAMIS ACCESS FORM

Complete information on this fillable form (*type or print*) and return to Department Headquarters.  
Make a copy for your own records.

**Due by December 1, 2019**

**Send to:** American Legion Auxiliary  
Department of Oklahoma Headquarters  
P.O. Box 14562  
Oklahoma City, OK 73113

Unit Name:

Unit Mailing Address:

City  State  ZIP

**ALA MIS Access:** Units allowed up to 2 users \$10 each, total \$20. 2020 access fee **due December 1, 2019**

User #1 Name  Member ID#

User #2 Name  Member ID#

City  Check #  in the amount of \$

Signed  Title  Date  /  /

*If paid for 2020 ALAMIS Access already - provide documents that you have paid.*

*Make a copy for your records*