



American Legion Auxiliary Department of Georgia

ALAMIS ACCESS

Mail this form and check to ALA Dept of GA 3035 Mt. Zion Rd., Stockbridge, GA 30281

Each Unit is eligible to have up to 2 ALAMIS users, but only 1 User Per Level of Access. District Presidents are allowed 1 ONLY. The cost of ALAMIS is set by National. Only members that are paid up for the current year will be granted access to ALAMIS. When changing/replacing users, if the Level stays the same, there is no additional cost. If Upgrading a Level, Full New Amount must be paid, no discounts are offered. NO EXCEPTIONS!

Table with 3 columns: TYPE OF ACCESS, BENEFITS, COST PER USER. Rows include Unit Full Access (\$20), Unit Write Access (\$15), Unit View Access (\$10), and District View Access (\$10).

USER #1 Name \_\_\_\_\_ Member ID# \_\_\_\_\_

UNIT# \_\_\_\_\_ District# \_\_\_\_\_ Email \_\_\_\_\_

Type of Access \_\_\_\_\_ Replacing user? \_\_\_\_\_ (name)

USER #2 Name \_\_\_\_\_ Member ID# \_\_\_\_\_

UNIT# \_\_\_\_\_ District# \_\_\_\_\_ Email \_\_\_\_\_

Type of Access \_\_\_\_\_ Replacing user? \_\_\_\_\_ (name)

Cost of User 1 \_\_\_\_\_ + Cost of User 2 \_\_\_\_\_ = \_\_\_\_\_ (Total amount sent to Dept)

Date of Check \_\_\_\_\_ Check # \_\_\_\_\_

Form requires the Signature of 3 Unit Officers (1 must be the Unit President) verifying the said named persons above have been approved by the unit membership to access the ALAMIS in the capacity in which they are listed. (See Department Standing Rule 35.)

- 1. Signature of Officer \_\_\_\_\_ Position \_\_\_\_\_
2. Signature of Officer \_\_\_\_\_ Position \_\_\_\_\_
3. Signature of Officer \_\_\_\_\_ POSITION PRESIDENT