

American Legion Auxiliary Department of Florida ALAMIS Access Request

Each Unit can have two (2) users for ALAMIS. Department will bill the Unit once National sends us an invoice. Please complete the following information and submit to Department at membership@alafl.org Once the request is received, it will be sent to National to have the user set up. National will email the User ID and password directly to the member's email provided.

Full Name as shown on membership card:	
Member ID Number:	
Unit Number:	
District Number:	
Email address:	(cannot be unit address, use personal)
New User: Yes No Has the user had for If yes, please provide the current level of acce	·
Replacing a user: Yes No	
If yes, please provide the name of person	being replaced:
Change in access level: Yes No	
District Access (\$10): (Only District Membe District Access)	rship Chairman or District President can have
Unit View Access (\$10 Each): (View Only - m	ake no changes)
Unit Write Access (\$15 Each): (Update recor	ds & enter New Member Applications)
Unit Full Access (\$20 Each): (Allows Unit to pand Unit MUST have debit/credit card)	process their own membership; Must attend training

Please note that National sets up the user for ALAMIS so it may take longer than expected depending on their workload. (Also, check spam email.)

DO NOT SEND PAYMENT WITH THIS FORM! IF YOU DO, WE WILL RETURN THIS FORM AND CHECK!