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APPLICATION FOR ALA MIS ACCESS		
	NEW ACCESS	RENEW ACCESS
UNIT FULL - \$20.00:	UNIT WRITE - \$15.00	: UNIT VIEW - \$10.00:
UNIT#:	DISTRICT #:	
MEMBER NAME:		
MEMBER ID#:		
CHAIR HELD WITHIN U	NIT:	
MEMBER EMAIL:		
MEMBER ADDRESS:		
MEMBER PHONE #:		
CALENDAR YEAR ACCES	SS IS BEING REQUESTED FOR	
	ITCH ACCESS PLEASE INDICA CCESS THAT IS BEING REPLAC	TE REASON WHY AND NAME OF MEMBER ED:
Access to ALA MIS is	paid for and provided for the renewed each	e calendar year (Jan – Dec) and must be year.
Please do not submit this application to Department without payment.		
Include a check made payable to: ALA DEPT. OF MICHIGAN Current access fee is for the calendar year 2024. Fee is subject to change.		
Only TWO chair holders per Unit may sign up and request access to ALA MIS per year. Please		
•		calendar year until November of 2024.
	For Office Use	Only
Date Received:	Check #:	Check Amt: \$