American Legion Auxiliary Department of Michigan

212 N. Verlinden Ave, Ste. B • Lansing, Michigan 48915
517-267-8809 • www.michalaux.org

APPLICATION FOR ALAMIS

1. I need to…

☐ ..Add New User ☐ ..to Renew User ☐ ..to Change Access*

2. What kind of access should the user have?

☐ **Unit Full** - Capabilities of Unit Write AND pay dues and rejoin former unit members. **$20**

☐ **Unit Write** - Add new Members, Edit Member Profiles, Update Unit Leadership & View, Download and Print Reports. **$15**

☐ **Unit View** - View, download, and print unit reports. **$10**

☐ **District View** - Run Department Reports and View Individual Unit reports for the entire state. **$10**

* If you request to switch access, ***please indicate why and name the member with current access*** who is being replaced below.

Unit # _____ **District #** _____ CALENDAR YEAR ACCESS IS BEING REQUESTED FOR: _____

CHAIR HELD WITHIN UNIT: _____

MEMBER INFORMATION:

Name: _____ **ID#:** _____

Email: _____ **Phone #:** _____

Address: _____

City: _____ **Zip:** _____

*** Changing access ….**

Reason for the switch: _____

Name of the person you are replacing: _____

Access to ALAMIS is paid for and provided for the calendar year (Jan – Dec) and must be renewed yearly.
Please do not submit this application to the Department without payment.
Include a check made payable to **ALA DEPT. OF MICHIGAN**
The current access fee is for the calendar year 2026. The cost is subject to change.
Only TWO chair holders per Unit may sign up and request access to ALAMIS per year. Please do not send payment for access for the 2027 calendar year until November 2026.

For Office Use Only

Date received: _____ Check# _____ Check Amt: $ _____