

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF WISCONSIN**
P.O. Box 140, Portage WI 53901
Telephone: 608-745-0124 • FAX: 608-745-1947
Email: alawi@amlegionauxwi.org

2022 ALA MIS ACCESS REGISTRATION (Jan. 1, 2022 – Dec. 31, 2022)

American Legion Auxiliary Membership Information System

**DO NOT RETURN THIS FORM WITH PAYMENT IF YOU ALREADY HAVE 2022 ACCESS.
THIS IS FOR THE CALENDAR YEAR JANUARY 1, 2022 – DECEMBER 31, 2022**

An invoice will be e-mailed to all current 2022 users towards the end of the calendar year with a reminder that their subscription is about to expire along with the next current years' form (2023) to be submitted.

IF YOU ARE NOT SURE OR HAVE QUESTIONS PLEASE CALL PRIOR TO SUBMITTING.

Access to the National Membership database ALA MIS (American Legion Auxiliary Membership Information System) is available to current unit officers/chairmen. Subscription is for **read only** access to the individual's unit. Up to two officers/chairmen per unit may register for access but they must have their own individual e-mail address.

The database runs in real time so that you can get the most up to date information. Look up new member ID#'s, view and print current rosters whenever you need to, double check to see who has paid or not paid, and more.

Those more computer savvy will be able to manipulate the information to print mailing labels or send out mass emails. Microsoft Excel is the recommended program to utilize the more advanced capabilities of the system.

Note- This is for read only access; you will not be able to change names, phone numbers, email addresses, drop, decease, or transfer members etc., all these changes will still need to be submitted to Department Headquarters on a Member Change Form.

The subscription fee is \$10.00 per person per calendar year January 1, 2022 thru December 31, 2022 for read only access and each person must be submitted on a separate form.

DO NOT ALTER THIS FORM IN ANY WAY

Unit City Location _____ Unit # _____ Dist # _____

Officer Position: _____ Member ID# (required) _____

Name: _____

E-Mail Address: _____

Make check payable to: ALA Dept. of WI

\$ 10.00 Check Total (#4560) # _____ Check Number

A 25.00 charge will be issued for any bank returned checks.

Please allow up to two weeks for processing