AMERICAN LEGION AUXILIARY
DEPARTMENT OF WISCONSIN
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2026 UNIT OFFICER ALA MIS ACCESS REGISTRATION

American **L**egion **A**uxiliary **M**embership **I**nformation **S**ystem

Access to the National Membership database ALAMIS (**A**merican **L**egion **A**uxiliary **M**embership **I**nformation **S**ystem) is available to current unit officers/chairmen. Subscription is for **read only** access to the individual's unit. Each officer/chairmen registering for access must have their own individual e-mail address. It is a useful tool for beginners to experience.

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, view members' continuous years for award distribution and more. You will be able to manipulate the information to best suit your needs, including the ability to make labels for mailings or compile e-mail addresses for a mass e-mail blast.

Reports can be downloaded using a safe easy universal program such as: PDF – non-editable must print using legal size paper.

More advanced programs like: Word, Excel, PowerPoint, TIFF file, MHTML (web archive), XLM file with report data, Data Feed, and CSV (comma delaminated) – through LibreOffice Calc, Google Sheets, Notepad++, SVS File Viewer, CSV Explorer, Spreadsheet software, SQL, Row Zero, Gigasheet Inc. can be used to utilize more 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, 2026 thru December 31, 2026) for read only access and each person must be submitted on a separate form.
Any forms received as of Oct.1 will get the remaining months of 2025 for free

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. Checks cannot be accepted 90 days beyond date of check.

Please allow up to two weeks for processing