



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF WISCONSIN**

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2026 ALA MIS MID YEAR TRANSFER

**There is no fee to transfer a current user to a new user for the
remainder of the calendar year**

Unit City Location _____ Unit # _____ Dist. # _____

The Unit wishes to transfer current ALA MIS access from:

Officer Position: _____ Member ID# (required) _____

Name: _____

E-Mail Address: _____

TO:

Officer Position: _____ Member ID# (required) _____

Name: _____

E-Mail Address: _____

Access will begin within two weeks of receipt and run through December 15, 2026, at which time the new user will need to fill out a 2027 form with \$10.00 to continue usage through the 2027 calendar year.

Person submitting form: _____ Date: _____