



**American Legion Auxiliary
Department of Idaho
Alamis User Fee per year \$10**

Type of Access is **READ ONLY**

Please submit this form to: **American Legion Auxiliary
Department of Idaho
8766 Rim RD
Nampa, ID 83686**

Date: _____

Name of person requesting access: _____ Membership # _____

Access for District # _____ **OR** Access for Unit Name & # _____ / _____
(Name) (Number)

Email Address: _____

New or Replacing Whom: _____

Amount paid: _____ Date submitted: _____

Signature: _____

Department Use Only

Date submitted to National: _____

District # _____ / Unit # _____ in (City) _____ ID

Bank: _____ Ck # _____ Amount: _____

Department Official Signature _____

Thank You!