

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (New) (Replacing)

Amount paid: \_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Use Only**

Date submitted to National: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District # \_\_\_\_\_\_Unit # \_\_\_\_\_\_ in (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID.

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck #: \_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You!**