



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!