



**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!*