

**American Legion Auxiliary
Department of Idaho**

**Alamis User Fee
Units \$10 user per year**

Please submit this form to Department Headquarters
American Legion Auxiliary
905 W Warren Street
Boise, ID 83706

Date: _____

Name of person requesting access: _____

Membership #: _____

District # _____ Unit # _____ Member # _____

Email address: _____

New or Replacing whom: _____

Type of Access (read only) _____

Amount paid: _____

Date submitted: _____

Department Use Only

Date submitted: _____ District # _____

Unit # _____ in (city) _____ ID

Bank: _____ Ck # _____ Amount: _____

Department Official signature: _____