

President
Catherine Brockmann

Vice President
Cindy Soria

National Committee Person
Krisann Owens



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Gregoria Hernandez

Historian

Sergeant at Arms
Barb Sumner

Department of Oregon

ALA MIS Unit Access INVOICE

*ALAMIS Access is optional and not required for a unit to have.

American Legion Auxiliary Unit # _____

Choose only one option below if you would like access
(limited to no more than 2 people per unit).

_____ 2024 ALA MIS Unit view access \$10.00

or

_____ 2024 ALA MIS Unit write access (update addresses/pull reports) \$15.00

This is an annual fee that runs from January thru December 2023.

This access will expire December 31, 2023. If not renewed by expiration date the access will be canceled on December 31st.

Person to have access: _____

Membership Number: _____

Email address of person: _____

Approved by Unit President: _____ Date: _____

Please remit payment and this form to:

American Legion Auxiliary Department of Oregon
P.O. Box 1730
Wilsonville, OR 97070

Thank you!

Date Paid: _____ Check Number: _____

Please contact us at the number below if you have questions.

PO Box 1730, Wilsonville, OR 97070
e-mail: alamembership@alaoregon.org
503-682-3162