

President  
Cindy Soria

Vice President  
Dianne Standing

National Committeeperson  
Krisann Owens



Chaplain  
Lori Vallery

Historian

Sergeant at Arms  
Danni Gonzales

Department of Oregon

**ALA MIS District Access INVOICE:**

\*ALAMIS Access is optional and not required for a District President to have.

**ALA District President Name:** \_\_\_\_\_ **District Number:** \_\_\_\_\_

\_\_\_\_\_ 2025 ALA MIS District view access \$10.00

This is an annual fee that runs from January 1<sup>st</sup> thru December 31<sup>st</sup>.  
This access will expire December 31,2025. If not renewed by expiration date the access will be canceled on December 31,2024.

**Membership Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**District President Signature:** \_\_\_\_\_ **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.