

President
Cindy Soria



Chaplain
Lori Vallery

Vice President
Dianne Standing

Historian

National Committeeperson
Krisann Owens

Sergeant at Arms
Danni Gonzales

Department of Oregon

ALA MIS Unit Access INVOICE:

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

American Legion Auxiliary Unit Name: _____ **Unit Number:** _____

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

_____ 2025 ALA MIS Unit view access \$10.00

Or

_____ 2025 ALA MIS Unit write access (update addresses/ pull reports) \$15.00

This is an annual fee that runs from January 1st thru December 31st.

This access will expire December 31,2025. If not renewed by expiration date the access will be canceled on December 31,2024.

Person to have access: _____

Membership Number: _____

Email address of person: _____

Approved by Unit 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.