

President
Dianne Standing

Vice President
Lori Vallery

National Committeeperson
Pam Seelye



Chaplain
Gregoria Hernandez

Historian
Tawyna Lege

Sergeant at Arms
Hilary Holgrem

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:** _____

_____ 2026 ALA MIS District view access \$10.00

This is an annual fee that runs from January 1st thru December 31st.
This access will expire December 31,2026. If not renewed by expiration date the access will be canceled on December 31,2025.

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.