



Department of North Carolina

ALA MIS SETUP/RENEWAL REQUEST

(Please fill out this form completely – each Unit may have a *maximum of 2 members* with ALA MIS access.)

UNIT NUMBER _____ DISTRICT NUMBER _____ CHECK # _____ TOTAL ENCLOSED \$ _____

1) First Name _____ Last Name _____

Unit Member ID Number _____ Unit Member Email _____

Has this Member had Unit Full Access in the last year? Yes No

- Type of Access:**
- \$20 - *Unit Full Access* (process dues payments, new member applications, unit member data updates, etc.)
 - \$10 - *Unit View Access*

- Type of Request:**
(choose only one)
- Add New User (not replacing anyone)
 - Replace Current User (if you are replacing with a higher level of access, you will be billed the full amount of the new level of access-no exceptions)
Name of Member being replaced _____
 - Change Current User Access Level (if you are replacing with a higher level of access, you will be billed the full amount of the new level of access-no exceptions)
 - Renew Current User – Same Access Level
 - Deactivate Current User Only (not replacing)

2) First Name _____ Last Name _____

Unit Member ID Number _____ Unit Member Email _____

Has this Member had Unit Full Access in the last year? Yes No

- Type of Access:**
- \$20 - *Unit Full Access* (process dues payments, new member applications, unit member data updates, etc.)
 - \$10 - *Unit View Access*

- Type of Request:**
(choose only one)
- Add New User (not replacing anyone)
 - Replace Current User (if you are replacing with a higher level of access, you will be billed the full amount of the new level of access-no exceptions)
Name of Member being replaced _____
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 - Renew Current User – Same Access Level
 - Deactivate Current User Only (not replacing)

RETURN THIS FORM WITH CHECK TO: PO Box 46315, Raleigh, NC 27620
Make checks payable to: ALA – Department of NC