

ALA MIS PROGRAM ACCESS FOR UNITS

Unit access for the ALA MIS program is now in the works. We do however have a few guidelines that must be followed in order to obtain access.

The suggestion to who should be allowed to have access to the database is the current Membership Chairman (who is responsible for the processing of membership at the Unit) & the current Unit President. It is important that we not have too many people involved in the changing and entering of the database.

The program currently allows for up to 2 Unit Members to have access for 1 year for the fee of \$10.00 each. Money will be due when the Member is accepted. The fee will then renew every year in January. A Unit Member must have a computer and an email address in order to access the program.

Once the Unit Members have been selected at your Unit level, you will then fill out the information sheet enclosed with this information sheet and return that sheet to the Department.

Once the Department approves the Members and verifies the information listed we will then contact National with your information. At this point National will contact each member and assign them their Sign on and passwords for the Program.

There is a tutorial on the National Website that you can take or contact Department and we will set up a training session with you. We are also available to assist by phone for those Units requesting assistance when working the program. Our main concern is that you not try to take actions that are not allowed by your level of access.

If you should have any questions or we can be of any assistance please do not hesitate to contact us at the Department Headquarters. You can reach us by calling 678-289-8446 or email Krista amlegaux@bellsouth.net or Patty secamlegaux@bellsouth.net

AT NO TIME SHOULD ANY USER NAME OR PASSWORD BE SHARED WITH ANYONE!!!

ONLY THE PERSON WHO HAS BEEN GIVEN PERMISSION TO SIGN ON SHOULD BE THE ONLY ONE DOING SO AND MAKING ANY CHANGES!!!! THE DEPT HAS THE RIGHT TO SUSPEND ANYONES ABILITY TO SIGN ON IF THE GUIDELINES ARE NOT FOLLOWED!

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Please fill out all the information requested. If you should need assistance in filling out this form contact the Department and we will be happy to assist you.

Unit Number _____ District _____ Amount _____ Check # _____

Unit Member #1 to receive access to the ALA MIS Program

Name: _____ Membership ID# _____

Address _____

Phone: _____ Cell _____ Email: _____

Unit Member #2 to receive access to the ALA MIS Program

Name: _____ Membership ID# _____

Address _____

Phone: _____ Cell _____ Email: _____

This form must be signed by 5 current Unit Officers verifying the information that is listed is correct and that the Members receiving the access to the program have been voted on and approved at each Unit.

Signature _____ Position _____

Signature _____ Position _____

Signature _____ Position _____

Signature _____ Position _____

Signature _____ Position _____

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