



NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

REQUEST FOR ASSOCIATE MEMBERSHIP

PLEASE PRINT LEGIBLY

ASSOCIATE MEMBER INFORMATION

ASSOCIATE MEMBER'S NAME _____
Last First MI

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

				-						
--	--	--	--	---	--	--	--	--	--	--

SOCIAL SECURITY NUMBER (Required)

NON-GOVERNMENT EMAIL (Optional)

--	--	--	--	--	--	--	--	--	--

@

CONTACT PHONE NUMBER

				-						
--	--	--	--	---	--	--	--	--	--	--

I hereby request Associate membership in accordance with Article III, Section 3 of the National Association of Postal Supervisors (NAPS) National Constitution & Bylaws. I understand that the amount of Associate membership dues is one-half (1/2) the national regular per capita, plus any additional amount as determined by the local NAPS Branch in which I have requested membership; and my full dues is paid directly to that Branch. I further understand that Associate membership includes a yearly subscription for *The Postal Supervisor* magazine.

I understand that my Associate membership will remain in effect until I notify NAPS headquarters in writing to terminate my membership. Alternately, the Branch with which I am associated is authorized to notify NAPS headquarters to terminate my membership if I fail to pay my Associate membership dues as established by the Branch. If I elect to change my branch affiliation as an Associate member, I must notify NAPS headquarters in writing of such change.

Dues to the National Association of Postal Supervisors are not deductible as charitable contributions.

I hereby request Associate membership in LOCAL or STATE BRANCH NUMBER _____

SIGNATURE OF APPLICANT FOR ASSOCIATE MEMBERSHIP

DATE

This is not an official US Postal Service form. This is a NAPS form for optional use to request Associate membership. Requests for Associate membership may be sent via NAPS 1187-A, personal letter, fax or email by the individual requesting branch membership. Associate members have the right to request membership to a NAPS branch of their choice.

SEND ORIGINAL ASSOCIATE MEMBERSHIP FORM 1187-A TO NAPS HEADQUARTERS, 1727 King St, STE 400, Alexandria, VA 22314-2753

RETAIN ONE COPY FOR BRANCH RECORDS

GIVE ONE COPY TO ASSOCIATE MEMBER

NAPS ASSOCIATE FORM 1187-A / APRIL 2011