NATIONAL ASSOCIATION OF POSTAL SUPERVISORS REQUEST FOR ASSOCIATE MEMBERSHIP

PLEASE PRINT LEGIBLY

ASSOCIATE MEMBER INFORMATION

ASSO	CIATE	MEM	BER'	S NAM	E																	,		
Last														First							MI			
	MAILING ADDRESS																							
CITY _	CITY											STATE				_ ZIP+4								
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 Signa	ture (of ap	plica	nt req	uestir	ng Ass	ociate	hip ((required)							_				Date				
 Signa	ture	of Bra	anch	Office	er acce	epting	Asso	ciate	Meml	bersh	ip (requi	ired)			Bra	nch #						Date		

An eligible retiree may request membership to a NAPS branch of their choice. All requests for Associate membership must be in writing. An eligible retiree must submit a letter, email or completed 1187-A to the NAPS branch they wish to affiliate as an Associate member. NAPS headquarters will not process any request for Associate membership without written acknowledgment from the respective Branch the retiree desires to affiliate. The NAPS 1187-A form is optional. If requesting Associate membership with an 1187-A, before Associate membership is granted, an officer of the respective branch must sign and date the original Form 1187-A to confirm the eligible retiree's affiliation with said Branch. The branch must then submit the 1187-A to NAPS headquarters for processing. NAPS headquarters will not process any 1187-A request without written acknowledgment from the respective Branch. Dues to the National Association of Postal Supervisors are not deductible as charitable contributions.

Send original Associate Membership Form 1187-A to NAPS Headquarters, 1727 King St, STE 400, Alexandria, VA 22314-2753

Printed name of Branch Officer