



Form 1187

Request and Authorization for Voluntary Allotment of Compensation for Payment of Employee Organization Dues

SECTION A—All New Members Complete

Your title determines whether you also complete Section B or C

USPS Employee Identification Number (EIN):	Social Security Number	Date of Birth	Gender Male ___ Female ___
Name of Employee (PRINT Last Name, First, MI)		Home Telephone ()	
Home Address (Street and Number/PO Box)	City	State	ZIP+4
Personal E-Mail Address		Total Years of Postal Service	

SECTION B—Postmasters Only Complete

Post Office City/State	ZIP Code	Post Office Finance Number
Post Office Level	Postmaster's Direct Post Office Telephone ()	

SECTION C—(Check One): Officer-in-Charge Associate PMR—Only Complete

Post Office City/State	PO Finance Number of OIC Detail
Date of PM/OIC Appointment	Post Office Telephone Number ()
Former Postmaster at this Office has <input type="checkbox"/> Retired Date / /	<input type="checkbox"/> Detailed to (Title and Location)
Home Payroll Office Finance Number	Employee Designation Code

SECTION D—For Use by the Employee Organization

P	Mail completed form to: National Association of Postmasters of the United States (NAPUS) 8 Herbert Street Alexandria, Virginia 22305-2600	
	I hereby certify that the regular dues of this organization for the above-named member currently are established at \$_____ per calendar month.	
Signature and Title of Authorized Official	<input type="checkbox"/> NAPUS Membership Chair <input type="checkbox"/> NAPUS Chapter Secretary-Treasurer	Date
Member submitted as: <input type="checkbox"/> Withholding <input type="checkbox"/> Cash (attach check/money order)		

SECTION E—Authorization by Employee

I hereby authorize the above-named agency to deduct from my pay the first pay period of each month the amount certified above as the regular dues the (UN-P) **National Association of Postmasters of the United States (NAPUS)** and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted that is certified by the above-named employee organization as a uniform change in its dues structure.

I understand that this authorization is a monthly deduction. It will become effective the first pay period of the calendar month, which includes the first day of the month, following its receipt in the employee organization's headquarters office: NAPUS, 8 Herbert Street, Alexandria, VA 22305-2600.

I further understand that revocation forms — *Standard Form No. 1188*, "Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues" — are available from my employing agency and that I may revoke this authorization at any time by filling such a revocation form or other written revocation request "Certified Mail" directly to the employee organization's headquarters office: NAPUS, 8 Herbert Street, Alexandria, VA 22350-2600. Such revocation will not be effective, however, until the first full pay period following March 1 or Sept. 1 of any calendar year, whichever date first occurs after the revocation is received in the employee organization's headquarters office.

Signature of Employee	Date
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SECTION F

As a benefit of your NAPUS membership, we will pass your information on to NAPUS Federal Credit Union so that you can automatically join and receive a NAPUS FCU Visa card, if you qualify. NAPUS FCU adheres to strict privacy policies and your personal information will not be released to anyone other than those partners with whom NAPUS FCU has contracted for services.

_____ OPT OUT - I do not wish to be contacted by NAPUS Federal Credit Union for membership.

Who/what most influenced your decision to join NAPUS? _____