



# NEW MEMBERS ~ NEW STRENGTH ~ YOUR FUTURE

American Postal Workers Union, AFL-CIO / 1300 L Street NW, Washington, DC 20005

## UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

I hereby assign to the American Postal Workers Union, AFL-CIO, from any salary or wages earned or to be earned by me as a member (in my present or future employment) such regular and periodic membership dues as the APWU may certify as due and owing from me, as may be established from time to time by the APWU. I authorize and direct the USPS to deduct such amounts from my pay and to remit same to the APWU at such times and in such manner as may be agreed upon between myself and the APWU at any time while this authorization is in effect, which includes a \$20 yearly subscription for The American Postal Worker magazine as part of the membership dues.

Unless I am or become a Postal Support Employee, this assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery to the APWU, and I agree and direct that this assignment, authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one (1) year unless written notice by certified mail using PS Form 1186 is given by me to the APWU not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

If I am a Postal Support Employee, this assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery to the APWU and shall remain in effect if I should be rehired within 180 days after the conclusion of my present term of Postal Support employment. I agree and direct this assignment, authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one (1) year, unless written notice by certified mail using PS Form 1186 is given by me to the APWU not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year in the event I am hired as a career employee, or within ten (10) days after the date I start work if I am rehired for any new term of Postal Support employment.

This agreement is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between the Union and the Postal Service.

NAME OF EMPLOYEE <i>Last Name, First Name, Middle (Print Legibly)</i>		SOCIAL SECURITY NO. <i>(Entire # Is Required)</i>	
MAILING ADDRESS		CITY	STATE
			ZIP
HOME / CELL PHONE NO. <i>(Circle One)</i> (     )	EMAIL ADDRESS	LOCAL UNION NAME <i>(or State MAL)</i>	
WORK LOCATION <i>(Post Office) &amp; STATE</i>	WORK FINANCE NUMBER	CRAFT	POSITION TYPE <i>(Circle One)</i> FTR PTR PTF PSE
SIGNATURE OF EMPLOYEE	DATE	UNION TRANSFER CANCEL DUES TO: <i>(Circle Union)</i> NALC     NPMHU     NRLCA	

## Join Today – Because You Can’t Afford Not To!

Secure your wages, benefits and working conditions by joining the APWU. Together we will stand stronger. As a union member, in addition to all of the Collective Bargaining rights you rely on you, will also have:

- A voice and vote on matters related to postal employment
- A voice and vote in the elections of union officers
- A voice and vote on contract ratification
- Union Plus members-only discounts on auto insurance, cellular phone service, vacations, pet insurance, auto buying, college prep courses, AAA, and much more!
- Voluntary Benefits Plan members-only discounts on dental insurance, cancer recovery, disability income insurance, group life insurance and group legal services
- Accident Benefit Association is member-owned and offers disability and accidental death and dismemberment benefits, guaranteed issue whole and term life and extended accident wage replacement benefits
- Members-only scholarship programs

There is no initiation fee to join the APWU. So join today!

### FOR USE BY UNION OFFICIAL

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ \_\_\_\_\_ biweekly.

SIGNATURE AND TITLE OF AUTHORIZED UNION OFFICIAL	DATE
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