# 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** _____--- _____

| X | X | X | – | X | X | – | | | | | ---------- | | | | | | | | |
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LAST FOUR (4) OF SOCIAL SECURITY NUMBER (Required) FORMER USPS EMPLOYEE IDENTIFICATION NUMBER (EIN) (If known)

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 with which I request membership; and my full annual dues is paid directly to that Branch.

I understand that my Associate membership will remain in effect until I notify NAPS headquarters in writing to terminate my membership. I further understand the Branch with which I am associated may 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 the branch with which I want to affiliate, who will then contact NAPS headquarters in writing. I understand, NAPS headquarters will not change my associate membership affiliation without written notification from the branch I seek affiliation.

**I hereby request Associate membership in LOCAL or STATE Branch Number**_____

_____ _____
Signature of applicant requesting Associate Membership (*required)* Date

_____ _____
Signature of Branch Officer accepting Associate Membership *(required)* Branch # Date

Melanie Soders 2nd VP Branch 122
_____
Printed name of Branch Officer

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**

RETAIN ONE COPY FOR BRANCH RECORDS

GIVE ONE COPY TO ASSOCIATE MEMBER