

NATIONAL ALLIANCE OF POSTAL AND FEDERAL EMPLOYEES
1640 11th Street NW - Washington DC 20001-5008



APPLICATION FOR MEMBERSHIP

I herewith make application for membership in the National Alliance of Postal and Federal Employees.

Name _____

Email _____

(Please Print)

Address _____

(Number & Street)

(City & State)

(Zip Code)

Telephone Number: Home _____

Work _____

Social Security # _____ [] Federal Employee [] Postal Employee

Name of Gov't Agency/ Postal Installation _____

Address of Gov't Agency/ Postal Installation _____

(Number & Street)

(City, State & Zip Code)

Signature of Applicant _____ Date _____

Signature & Title of Union Official _____ Date _____

Local Name & Number _____ Date _____ Local Dues _____

Payment Options: Credit Card Check Cash Credit Union

Credit Card Information:

Type_____

Number_____

CVN_____

Exp. Date_____

Check Information:

Bank Name:_____

Routing Number_____ Account Number _____

Requested Withdrawal Date _____
Month/Date

Referred by:

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, 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 is given by me to the Union not less than thirty (30) days.