Your Membership Matters ~ It Takes All of Us!

American Postal Workers Union, AFL-CIO

UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

JOIN THE APWU

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 yearly subscription for The American Postal Worker magazine as part of the membership dues.

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, or within ten (10) days after the date I start work if I am rehired for any new term of Postal Support employment. In addition to the above, if I am a Postal Support Employee, this assignment shall remain in effect if I should be rehired within 180 days after the conclusion of my present 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.

LAST NAME *(Please Print)*	**FIRST NAME** *(Please Print)*	**MI**	**SOCIAL SECURITY NO.** *or* **EIN (***Entire SS# Is Req.)*

MAILING ADDRESS	**CITY**	**STATE**	**ZIP**

HOME PHONE NO.	**MOBILE PHONE NO.**	**EMAIL ADDRESS**
( )	( )	

WORK LOCATION *(Post Office)* **& STATE**	**WORK FINANCE NUMBER**	**CRAFT**	**POSITION TYPE** *(Check One)*
	_ _ - _ _ _ _		☐ CAREER ☐ PSE

SIGNATURE OF EMPLOYEE	**DATE**	**ARE YOU CURRENTLY PAYING DUES TO ANOTHER UNION?** *If so, select which union dues should be cancelled:* ☐ NALC ☐ NPMHU ☐ NRLCA

Would you like to receive mobile text alerts from APWU? ☐ YES ☐ NO

If you choose to receive mobile alerts, you are authorizing the mobile communications. Note: Msg & data rates may apply. Text STOP to 91990 to stop receiving messages. Text HELP to 91990 for more information.

Preferred Contact Number ☐ HOME ☐ MOBILE

By selecting my preferred contact number, I am authorizing the APWU to call me or send me recorded messages using automated technology to the telephone number entered above.

BUILDING UNION POWER... *Together!*

Become actively involved in your union by expressing areas you can help:

___ Outreach – Representing the APWU at events and meetings, etc.
___ Welcoming New Members – Orientations, organizing, etc.
___ Work Place Safety – Daily huddles, weekly talks, safety captain, etc.
___ Community Involvement – Talking with neighbors, family and friends about issues
___ Transportation – Getting people to and from events, meetings, etc.

In addition to having a voice and a vote in your union, and all of the collective bargaining rights you rely on you will have the opportunity to participate in the following programs: APWU MasterCard, Voluntary Benefits Plan, Union Plus, Accident Benefit Association, and Aflac.

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**

LOCAL UNION NAME *(or State if MAL office)*	**LOCAL UNION FINANCE NUMBER**

ORGANIZER'S NAME	**NOTES**

Please return original to the APWU Organization Department at: 1300 L Street NW, Washington, DC 20005 **Form 1187**