



Your Membership Matters ~ YOU ARE THE UNION

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 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.

NAME OF EMPLOYEE Last Name, First Name, Middle (Print Legibly)		SOCIAL SECURITY NO. (Entire # Is Required)	
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) <input type="checkbox"/> CAREER <input type="checkbox"/> PSE
SIGNATURE OF EMPLOYEE	DATE	IF UNION TRANSFER, CANCEL DUES TO: (Check One) <input type="checkbox"/> NALC <input type="checkbox"/> NPMHU <input type="checkbox"/> 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.

JOIN FORCES WITH YOUR CO-WORKERS AND BECOME A MEMBER OF THE APWU TODAY!

By joining the APWU you have a voice and a vote in your union. This will allow you to give input into benefits that are negotiated on your behalf and how your union is run. Don't let someone else decide your future, be a part of the decision making! As a member, in addition to all of the collective bargaining rights you rely on you will also have:

- ✓ APWU MasterCard - Visit APWUcard.com
- ✓ Voluntary Benefits Plan - Term life insurance, dental coverage, group legal services, accidental death and dismemberment insurance, and much more!
- ✓ Union Plus - Discounts mortgage programs, credit clinics and services, auto insurance, auto care, travel and legal assistance, to name a few.
- ✓ Accident Benefit Association - A member-owned organization that offers accidental death benefits, life insurance and wage replacement.
- ✓ Aflac - Savings on personal indemnity and specified health events insurance plans.
- ✓ There is no initiation fee to join!

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)	EMPLOYEES HOME FINANCE NUMBER
ORGANIZER'S NAME	NOTES

Please Return Original to: APWU Organization Department at 1300 L Street NW, Washington, DC 20005

Form 1187