

# Your Membership Matters ~ You Are The Union

## American Postal Workers Union, AFL-CIO

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

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

Form 1187

**APWU**  
American Postal Workers Union, AFL-CIO  
**ORGANIZING DEPARTMENT**  
1300 L Street, NW  
Washington, DC 20005