

***YES! I want to join the***

# ***American Postal Workers Union***

***Please complete the form below and return it to the APWU Organization Dept., 1300 L St., NW, Washington, DC 20005. Thank you for becoming a member of 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 \$20 yearly subscription for the American Postal Workers Union magazine as part of the membership dues.

Unless I am or become a transitional employee, this assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof 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 the one year.

If I am a transitional employee, this assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to the APWU and shall remain in effect if I should be rehired within 180 days after the conclusion of my present term of transitional employment. I agree and direct 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 (1) year in the event I am hired as a career employee, or within ten (10) days after the date I start work if I am rehired for any new term of transitional employment.

This assignment 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 (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Postal Installation

\_\_\_\_\_  
Craft

\_\_\_\_\_  
Signature and Title of Authorized Local Union Official