

Complete Form 1187 and return it to the LEAGUE. Upon receipt, you will receive your membership card and your state branch will be notified of your membership. Your monthly dues will be deducted from your pay and remitted to the LEAGUE by the Postal Service.

# 1187

Check One:  PM  OIC  PMR  Assoc. Mem Home Telephone (\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex F  M  P. O. Telephone (\_\_\_\_) \_\_\_\_\_

Standard Form No. 1187  
 Revised August 2000  
 U.S. Civil Service Commission  
 FPM Chapter 550  
 1187-202

## REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES

NAME OF EMPLOYEE ( <i>Print - Last Name, First, Middle</i> ) _____		SOCIAL SECURITY NUMBER _____	
HOME ADDRESS ( <i>Street and Number</i> ) _____		<i>City and State</i> _____	<i>(Zip+4)</i> _____ USPS Employee I.D # _____
OFFICE ADDRESS _____	Home P.O. Finance No. _____	Send Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office	
<b>Post Office</b> _____ <b>Level of Office:</b> _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		(For Office Use Only)	
STREET ADDRESS _____			
CITY _____	STATE _____ ZIP+4 _____		

SECTION A - FOR USE BY EMPLOYEE ORGANIZATION		(For Office Use Only)
NAME OF EMPLOYEE ORGANIZATION (Include local, branch, lodge or other appropriate identification)		
<b>N</b> <b>NATIONAL LEAGUE OF POSTMASTERS</b> <b>5904 Richmond Highway, Suite 500</b> <b>Alexandria, Virginia 22303-1864</b>		
I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per calendar month.		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL _____	DATE _____	

SECTION B - AUTHORIZATION BY EMPLOYEE	
<p>I hereby authorize the above named agency to deduct from my pay each period, or the first full pay period of each month, the amount certified above as the regular dues of the <b>National League of Postmasters</b> (<i>Name of Employee Organization</i>) and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named employee as a uniform change in its dues structure.</p> <p>I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office of my employing agency; and that, if for a monthly deduction, it will become effective the first full pay period of the calendar month following its receipt in the payroll office of my employing agency. <b>I further understand that revocation forms, Standard Form No. 1188, Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues, are available from my employing agency and that I may revoke this authorization at any time by filing such a revocation form or other written revocation request with the payroll office of my employing agency. Such revocation will not be effective however until the first full pay period following March 1st or September 1st of any calendar year, whichever date first occurs after the revocation is received in the payroll office.</b></p>	
SIGNATURE OF EMPLOYEE _____	DATE _____

RECRUITER NAME _____ <small>PLEASE PRINT</small>	
First _____ Last _____	Social Security Number _____
City _____ State _____ Zip _____	DATE _____
WORK PHONE: _____	HOME PHONE: _____