Revised NRLCA Form 1187 2015

## **UNITED STATES POSTAL SERVICE**

<b>RURAL CARRIER</b>
CLASSIFICATION

AUTHORIZATION FOR I	;	CLASSIFICATION					
OR -		Reg	ular 🔲 PTF	Relief			
(SOCIAL SECURITY NUMBER)	E I.D. NUMBER)						
LAST NAME			FIRST NAM	E	MI		
MAILING ADDDEGG		OTTV	OTA*	FF 711	D CODE : 4		
MAILING ADDRESS CITY STATE ZIP CODE + 4							
POSTAL INSTALLATION WHERE EMPLOYED	ZIP	IP CODE OF INSTALLATION INSTALLATION FINANCE NO.					
SECTION A - AUT	THORIZATIO	N BY EMPLO	YEE				
I hereby assign to the <b>National Rural Letter Carriers' Association</b> , from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.  This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, 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 is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.  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 you and my Union.  Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.							
EMPLOYEE SIGNATURE DATE		PHONE EMAIL ADDRESS					
SECTION B- FOR USE BY STATE ASSOCIATION							
R - NATIONAL RURAL LETTE	R CARR	RIERS' AS	SSOCIA	TION			
SIGNATURE OF ACCEPTING UNION OFFICIAL		DATE	1.00"				
I hereby certify that the dues of this organization for the above n	amed member, t	for	LOC#	S	TATE		
the applicable designation, are currently established at \$	riod.	DATE	R	EMIT#			
, STATE SECRETARY							
SECTION C- FOR USE BY NATIONAL ASSOCIATION							
Date of Delivery to Employer (For National Office use)							
ANNIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE							

Send to: