JOIN THE NATIONAL POSTAL MAIL HANDLERS UNION!!



Without the National Postal Mail Handlers Union and its thousands of dedicated representatives -- who are working day in, and day out, to protect your interests -- Mail Handlers certainly would not enjoy the level of job security, anti-discrimination protection, seniority consideration, wages, benefits, or safety and health protections that are currently in place. The National Postal Mail Handlers Union has been in the trenches for many decades, fighting to obtain, and protect, these important benefits.

The NPMHU relies on the collective strength of its membership to continue the struggle for a better workplace. We respectfully ask that you join us in these worthwhile efforts. Please complete the attached dues authorization form and return it to any NPMHU Officer or Shop Steward.

AUTHORIZATION FOR DEDUCTION OF DUES UNITED STATES POSTAL SERVICE

I hereby assign to The National Postal Mail Ha AFL-CIO, Local Union No	yment by you) such regular and periodic olished from time to time by said Union. aid Union at such times and in such mar	ges e mer I au	arned or to be earned by me as nbership dues as the Union may thorize and direct you to deduct	
This assignment, authorization and direction hereof to you, and I agree and direct that this a shall be irrevocable for successive periods of one (than twenty (20) days and not less than ten (10) day	shall be irrevocable for a period of one ssignment, authorization and direction 1) year, unless written notice is given by	shall y me	be automatically renewed, and to you and the Union not more	
This assignment is freely made pursuant to the existence of any agreement between you and my \boldsymbol{U}		n Ac	t and is not contingent upon the	
SIGNATURE OF EMPLOYEE			DATE	
NAME OF EMPLOYEE (Print, Last Name, First, Middle)		MPLOYEE IDENTIFICATION NUMBER (EIN)		
HOME ADDRESS (Street and Number) (City and State)			(Zip Code)	
POSTAL INSTALLATION			INSTALLATION FINANCE NUMBER	
FOR	USE BY LOCAL UNION OFFICIAL			
			LOCAL UNION FINANCE NUMBER	
I hereby certify that the regular dues of the summer biweekly.	is Local Union for the above-named r	neml	ber are currently established at	
SIGNATURE AND TITLE OF AUTHORIZED UNION OFFICIAL			DATE	
FOR U	SE BY EMPLOYER REPRESENTATIVE			
DATE OF DELIVERY TO EMPLOYER:				
SIGNATURE AND TITLE OF EMPLOYER REPRESENTAT	IVE			

