Revised
NRLCA Form 1187
2006

UNITED STATES POSTAL SERVICE

AUTHORIZATION FOR DEDUCTION OF DUES

RURAL CARRIER CLASSIFICATION

☐ Regular ☐ PTF ☐ Relief

(SOCIAL SECURITY NUMBER) OR (USPS EMPLOYEE ID-NUMBER)

LAST NAME | FIRST NAME | MI

MAILING ADDRESS | CITY | STATE | ZIPCODE + 4

POSTAL INSTALLATION WHERE EMPLOYED | ZIP CODE OF INSTALLATION | INSTALLATION FINANCE NO.

SECTION A - AUTHORIZATION BY EMPLOYEE

I hereby assign to the **National Rural Letter Carriers' Association** 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.

SIGNATURE OF EMPLOYEE | DATE | PHONE

SECTION B- FOR USE BY STATE EMPLOYEE ASSOCIATION

R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

SIGNATURE OF ACCEPTING UNION OFFICIAL DATE

I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at_____per pay period

_____, **STATE SECRETARY**

LOC#	STATE
DATE	REMIT #

SECTION C- FOR USE BY NATIONAL ORGANIZATION

Date of Delivery to Employer (For National Office use)

ANIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE →

Important!
Be sure to include Postal Finance# Where Indicated.
Submit Original and Copy to NRLCA Membership Dept.

Send to **LOIS GRAPER**
WIRLCA SECRETARY/TREASURER
W10980 RIVERSIDE DR.
MARION WI 54950-9020