



NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

National Headquarters
1727 KING STREET, SUITE 400
ALEXANDRIA, VA 22314-2753
(703) 836-9660

Official Request to Change Branch Affiliation

Date: _____

Dear NAPS Headquarters:

We, the undersigned NAPS members from _____ Post Office, finance number: _____, wish to change our local affiliation from our current NAPS Branch # _____ to NAPS Branch # _____. In accordance with the provisions of the National Constitution and Bylaws Article IV, Section 2, the signatures below constitute approval from 50%+1 or more of the NAPS members in our finance number. We understand that if this request is approved all members in our finance number will be transferred to the new affiliated NAPS branch.

Please contact _____ by phone at _____ or email at _____ with any questions regarding this branch affiliation request.

Sincerely,

1. Member Name: _____ Member Signature: _____
2. Member Name: _____ Member Signature: _____
3. Member Name: _____ Member Signature: _____
4. Member Name: _____ Member Signature: _____
5. Member Name: _____ Member Signature: _____
6. Member Name: _____ Member Signature: _____
7. Member Name: _____ Member Signature: _____
8. Member Name: _____ Member Signature: _____

Use only one USPS finance # per affiliation request. If necessary, attach additional request forms for additional member names and signatures. NAPS will verify membership/finance # against the most recent Branch DCO Report on file at NAPS HQ and confirm that the required constitutional percentage has been reached. There is no need to attach your Branch DCO. NAPS HQ will contact the branch to which members request to affiliate to confirm acceptance before rendering a final decision, made in accordance with Article IV Section 2 of the NAPS Constitution and Bylaws.

For Area Vice President Use: (Explanation of events that occurred to warrant this transfer request).

I concur with this request to change branch affiliation.

Resident Officer's Signature: _____ Date: _____

Resident Officer's Signature: _____ Date: _____