

# Instructions

## Form 1187 Authorization for Deduction of Dues

Have prospective member complete the top section of the Form 1187. It is critical that the following information is provided and that all sections of the form are completed legibly:

**The new member should fill this information out completely:**

- Full name of Employee: last, first and middle initial
- Social Security Number
- Home Address: (not office address) for receipt of their Postal Supervisor magazine
- Fax Number and E-mail address
- Postal Installation: City & State
- Finance Number of worksite
- **The new member must sign the form** in the signature section located 2/3 from the top

**The next section should be completed by the recruiter and branch officer:**

- The Branch number
- The amount of dues collected bi-weekly
- The signature of the Branch officer and the date

**The bottom section should be completed by the sponsor/recruiter:  
(This section must be completed for eligibility for U.S. Savings Bond)**

- Check off box – new member
- Sponsor's name
- Social Security Number
- Home address

**The new routing for the copies of the Form 1187 is as follows:**

Original and yellow copies to NAPS Headquarters

**NAPS Headquarters.  
1727 King Street #400  
Alexandria VA 22314-2753**

Pink Copy – Retain for Branch records  
Gold copy – Employee (New member) copy

Please use your current supply of Form 1187's. New forms will be printed that will update the routing of the applications, once the current supply is exhausted.

**UNITED STATES POSTAL SERVICE  
AUTHORIZATION FOR DEDUCTION OF 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> <span style="float:right;"><i>(Zip + 4)</i></span>
HOME PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
POSTAL INSTALLATION		
<i>(City)</i>	<i>(State)</i>	Installation Finance Number

**S** NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

BRANCH NUMBER OR STATE \_\_\_\_\_ REMOTE LOCAL **S-** \_\_\_\_\_

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ \_\_\_\_\_ per pay period.

SIGNATURE AND TITLE OF BRANCH OFFICER	DATE
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I hereby authorize the United States Postal Service to deduct from my pay each pay period the amount certified above as the regular dues of the National Association of Postal Supervisors, which includes a yearly subscription for the Postal Supervisor as part of the membership dues, and to remit such amounts to that organization in accordance with its arrangements with U.S.P.S. I further authorize any change in the amount to be deducted which is certified by N.A.P.S. as a uniform change in its dues structure.

I understand that this authorization will become effective the first pay period following its receipt in the Postal Data Center. 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.

Dues to the National Association of Postal Supervisors are not deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

SIGNATURE OF EMPLOYEE, POST OFFICE TITLE AND LEVEL	DATE
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BRANCH SECRETARY: CHECK ONE

NEW MEMBER

CONVERTING FROM DIRECT PAY TO DUES WITHHOLDING

FOR NAPS LOCAL BRANCH USE:

SPONSOR'S NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_