

# NAPS MEMBER CHANGE OF ADDRESS FORM

Updated June 2012

Mail copies to: NATIONAL ASSOCIATION OF POSTAL SUPERVISORS  
1727 KING ST STE 400  
ALEXANDRIA VA 22314-2753

Branch # \_\_\_\_\_

Date submitted: \_\_\_\_\_

**Membership Type:**

Active

Associate

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, ZIP+4

\_\_\_\_\_

Daytime Telephone Number

\_\_\_\_\_

Member's SSN # or USPS EIN Number

(USPS EIN preferred)

\_\_\_\_\_

Member's Personal/Home Email address

(No USPS or government email)

\_\_\_\_\_

Branch Officer ( Y / N )? If so, title?

\_\_\_\_\_

**ORIGINAL FORM**

**MAKE A COPY BEFORE USING**

**Please submit one (1) form per member**