



# 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: \_\_\_\_\_
9. Member Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_
10. 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. NAPS HQ suggests the contact person listed above send a copy of this request to their respective NAPS Branch President and NAPS Area Vice President.

### NAPS HQ USE ONLY

Date Request Received: \_\_\_\_\_ Approved \_\_\_\_\_ (Yes or No) Date Approved: \_\_\_\_\_

Resident Officer: \_\_\_\_\_ Title: \_\_\_\_\_