

# MAL REMITTANCE FORM

NATIONAL AUXILIARY TO NATIONAL ASSOCIATION OF POSTAL SUPERVISORS

**MEMBERS-AT-LARGE** (spouse, immediate family member over 16 years of age, or designated representative over 16 years of age of a active, retired, or deceased postal supervisor in good standing in NAPS) shall be those who are not within the jurisdiction of a local auxiliary.

- a. In organized states (those having a state auxiliary), the members-at-large shall affiliate with both the state and national auxiliaries.
- b. In unorganized states (those not having a state auxiliary), members-at-large may affiliate with the National Auxiliary only.

\_\_\_\_\_ YEAR (If dues are remitted for more than one year, use a separate form for each year.)

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP +4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAPS MEMBER \_\_\_\_\_

SPOUSE

FAMILY MEMBER

RELATIONSHIP \_\_\_\_\_

DESIGNATED REPRESENTATIVE

NAPS BRANCH NUMBER \_\_\_\_\_

CONGRESSIONAL DISTRICT \_\_\_\_\_

REGION \_\_\_\_\_  
(Eastern, Northeast, Central, Southern, or Western)

STATE \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

**PAYABLE JANUARY 1 & DELEQUENT JULY 1**

**SEND CHECK PAYABLE TO NATIONAL  
AUXILIARY TO NAPS (DUES OF \$2.00 PER  
MEMBER PER YEAR) AND REMITTANCE  
FORM TO THE CURRENT NATIONAL  
AUXILIARY SECRETARY:**

**SHARON MATHEWS  
NATIONAL AUXILIARY SECRETARY  
4504 WINTER DRIVE  
ANDERSON, IN 46012-9565**

DO NOT WRITE IN THIS SPACE - FOR NATIONAL USE ONLY

DATE RECEIVED \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

NATIONAL SECRETARY'S SIGNATURE