

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:

Mrs. Bonita R. Atkins
National Auxiliary Secretary
P. O. Office Box 80181
Baton Rouge, LA 70898

DO NOT WRITE IN THIS SPACE - FOR NATIONAL USE ONLY

DATE RECEIVED _____

CHECK NUMBER _____

RECEIPT NUMBER _____

AMOUNT RECEIVED _____

RECEIVED BY _____
NATIONAL SECRETARY'S SIGNATURE