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
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Please submit one (1) form per member