

APPLICATION FOR MEMBERSHIP
AUXILIARY TO THE AMERICAN POSTAL WORKERS UNION

NAME: _____ PAID FROM: _____ TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

EMAIL ADDRESS: _____

SPONSORING MEMBER: _____ MEMBERS LOCAL: _____



LOCAL DUES: _____

STATE DUES: _____

NATIONAL DUES: _____

TOTAL ENCLOSED: _____

MAIL TO: National Auxiliary Treasurer, Trisa Mannion, 3038 Cloverdale Ct., Grand Junction, CO 81506