

**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, Bonnie Sevre 2836 Highway 88 Minneapolis MN 55418