JOIN THE NATIONAL POSTAL MAIL HANDLERS UNION!!



Without the National Postal Mail Handlers Union and its thousands of dedicated representatives -- who are working day in, and day out, to protect your interests -- Mail Handlers certainly would not enjoy the level of job security, anti-discrimination protection, seniority consideration, wages, benefits, or safety and health protections that are currently in place. The National Postal Mail Handlers Union has been in the trenches for many decades, fighting to obtain, and protect, these important benefits.

The NPMHU relies on the collective strength of its membership to continue the struggle for a better workplace. We respectfully ask that you join us in these worthwhile efforts. Please complete the attached dues authorization form and return it to any NPMHU Officer or Shop Steward.

AUTHORIZATION FOR DEDUCTION OF DUES UNITED STATES POSTAL SERVICE

I hereby assign to The National Postal Mail Handlers Union Division of the Laborers' International Union of North America, AFL-CIO, Local Union No. _______, from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the Union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

This assignment is freely made pursuant to the provision of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.

SIGNATURE OF EMPLOYEE		DATE	
NAME OF EMPLOYEE (Print, Last Name, First, Middle)		EMPLOYEE IDENTIFICATION NUMBER (EIN)	
HOME ADDRESS (Street and Number)	(City and State)	(Zip Code)	
POSTAL INSTALLATION		INSTALLATION FINANCE NUMBER	
F(OR USE BY LOCAL UNION OFFICIAL		
THE NATIONAL POSTAL MAIL HANDLERS UNION DIVISION OF THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, AFL-CIO, LOCAL UNION NO.		LOCAL UNION FINANCE NUMBER	
I hereby certify that the regular dues of \$ biweekly.	f this Local Union for the above-na	amed member are currently established at	
SIGNATURE AND TITLE OF AUTHORIZED UNION O	FFICAL	DATE	
FOR	USE BY EMPLOYER REPRESENTATIVE	:	
DATE OF DELIVERY TO EMPLOYER:			
SIGNATURE AND TITLE OF EMPLOYER REPRESEN	TATIVE		

Union membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code. Form 1187