

This form can be filled in on your computer. Please enter (type) the information in the blue boxes. This will reduce the errors in processing your application.

## NATIONAL ASSOCIATION OF RETIRED POSTAL INSPECTORS APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate membership shall consist of Postal Inspection Service domicile, division, regional or national headquarters employees and Postal Police Officers who either retired from any Inspection Service administrative/staff position or served in one or more Inspection Service administrative/staff positions for at least five (5) years, and left the Inspection Service and, if applicable, the U. S. Postal Service under honorable circumstances.

FULL NAME: \_\_\_\_\_ TEL: \_\_\_\_\_  
(Please type or print.)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ 9-digit ZIP: \_\_\_\_\_ - \_\_\_\_\_

INSPECTION SERVICE DATES: From \_\_\_\_\_ To \_\_\_\_\_

DIVISION ASSIGNED: \_\_\_\_\_ DOMICILE: \_\_\_\_\_

I qualify for membership because I held the position of \_\_\_\_\_

If service includes other positions in the Inspection Service or USPS, please describe below.

\_\_\_\_\_  
\_\_\_\_\_

DATE RETIRED: \_\_\_\_\_ E-mail Address \_\_\_\_\_

By entering my initials in the following space (\_\_\_\_\_) I hereby authorize the inclusion and intra-organizational dissemination of my e-mail address via the NARPI E-mail Directory.

Associates' spouses become Associate members as soon as the applicant's membership is effective. Please show spouse's name, if applicable.

SPOUSE'S FULL NAME: \_\_\_\_\_  
(Please type or print.)

\_\_\_\_\_  
Applicant's Signature Date

ANNUAL DUES: \$30.00 (includes spouse, if applicable)

Dues enclosed: \$ \_\_\_\_\_ (First year's dues must accompany application.)

Mail completed application and dues to: NARPI National Treasurer, Post Office Box 3223,  
Peachtree City, GA 30269-7223

Recorded: \_\_\_\_\_  
Treasurer Date

rc 4-29-13