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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 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 Addr.: _____

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, PO Box 400, Shallotte NC 28459-0400

Recorded: _____

Treasurer

Date

twb/10-15-19