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NATIONAL ASSOCIATION OF RETIRED POSTAL INSPECTORS APPLICATION FOR SURVIVING SPOUSE MEMBERSHIP

The surviving spouse of 1.) a retired Postal Inspector, or 2.) a person who served as a Postal Inspector and left the position under honorable conditions, or 3.) any person who served at least five years in the position of Special Investigator, Investigative Aide or Document Analyst, or who retired directly from any such position honorably is eligible for NARPI membership.

FULL NAME: _____ TEL: _____

(Please type or print.)

STREET ADDRESS: _____

CITY: _____ STATE: _____ 9-digit ZIP: _____ - _____

DECEASED SPOUSE'S FULL NAME: _____

(Please type or print.)

INSPECTION SERVICE DATES: From _____ To _____

SPOUSE'S LAST POSITION TITLE: _____

SPOUSE'S LAST DUTY STATION: _____

If spouse's service included other positions in the Inspection Service or USPS, please describe:

DATE SPOUSE 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.

Applicant's Signature

Date

ANNUAL DUES: \$20.00

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