

**APPLICATION FOR MEMBERSHIP
AUXILIARY TO THE AMERICAN POSTAL WORKERS UNION**

NAME: _____ PAID FROM: _____ TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

EMAIL ADDRESS: _____

SPONSORING MEMBER: _____ Type to enter text MEMBERS LOCAL: _____



LOCAL DUES:	\$11.00
STATE DUES:	\$ 4.00
NATIONAL DUES:	\$ 5.00
TOTAL ENCLOSED:	\$ 20.00