



*Where Service Begins With a Smile*

**APPLICATION FORM  
FOR MEMBERSHIP IN THE  
WASHINGTON RURAL LETTER CARRIERS' AND  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATIONS  
DUES YEAR 2010/2011**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**POST OFFICE WHERE EMPLOYED:** \_\_\_\_\_

**HOME TELEPHONE NUMBER:** \_\_\_\_\_

**DUES YEAR RUNS FROM JULY 1, 2010 TO JUNE 30, 2011:**

\_\_\_\_\_ **REGULAR CARRIER (71) PTF (76) \$592.00 YEAR / \$22.77 A PAY PERIOD.**

\_\_\_\_\_ **RELIEF CARRIER\*(73,74,75,78 & 79) \$213.00 YEAR / \$8.19 A PAY PERIOD**

\_\_\_\_\_ **RETIREE \$73.00 YEAR OR \$6.08 A MONTH.**

**\*IF YOU DO NOT WORK IN A PAY PERIOD YOU DO NOT HAVE TO PAY DUES WHEN ON DUES WITHHOLDING.**

**COMPLETE THE BACK SIDE OF THIS  
FORM, SIGN IT, AND SEND TO:**

**WARLCA STATE SECRETARY  
2811 N CHASE LN  
LIBERTY LAKE WA 99019-5002**

**Phone: (509) 710 7840**

**Fax: (509) 926-9522**

**E Mail: WARLCA@Gmail.com**

# UNITED STATES POSTAL SERVICE

## AUTHORIZATION FOR DEDUCTION OF DUES

RURAL CARRIER CLASSIFICATION		
<input type="checkbox"/> Regular	<input type="checkbox"/> PTF	<input type="checkbox"/> Relief

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(SOCIAL SECURITY NUMBER)		(USPS EMPLOYEE ID-NUMBER)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST NAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRST NAME	<input type="checkbox"/>	MI
---	-----------	--	------------	--------------------------	----

MAILING ADDRESS	CITY	STATE	ZIPCODE + 4
-----------------	------	-------	-------------

POSTAL INSTALLATION WHERE EMPLOYED	ZIP CODE OF INSTALLATION	INSTALLATION FINANCE NO.
------------------------------------	--------------------------	--------------------------

### SECTION A - AUTHORIZATION BY EMPLOYEE

I hereby assign to the **National Rural Letter Carriers' Association** 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 provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.  
Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax Deductible under other provisions of the Internal Revenue Code.

SIGNATURE OF EMPLOYEE	DATE	PHONE
-----------------------	------	-------


### SECTION B- FOR USE BY STATE EMPLOYEE ASSOCIATION

# R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

<b>SIGNATURE OF ACCEPTING UNION OFFICIAL</b>	DATE	LOC#	STATE
I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at _____ per pay period			<input type="checkbox"/> <input type="checkbox"/>
_____, <b>STATE SECRETARY</b>		DATE	REMIT #

### SECTION C- FOR USE BY NATIONAL ORGANIZATION

Date of Delivery to Employer (For National Office use)

ANIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE 

Important!  
Be sure to include Postal Finance# Where Indicated.  
Submit Original and Copy to NRLCA Membership Dept.

Send to **REBECCA R WENDLANDT**  
**WARLCA SECRETARY/TREASURER**  
**2811 N CHASE LN**  
**LIBERTY LAKE WA 99019-5002**