

**MEMBERSHIP APPLICATION**

**The National Postmasters Auxiliary  
To the National League of Postmasters  
July 1, \_\_\_\_\_ to June 20, \_\_\_\_\_**

**B.R.A.T.S. \_\_\_\_\_  
(6-21)**

**Aux \_\_\_\_\_  
State \_\_\_\_\_**

**NAME** \_\_\_\_\_  
Print (Last name) (First name) (Middle name)

**ADDRESS** \_\_\_\_\_ **TELEPHONE ( )** \_\_\_\_\_  
(Street/P.O. Box/Apt. number) (City) (State) (Zip Code)

League Postmaster: Name \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Congressional District number \_\_\_\_\_ Representative name \_\_\_\_\_

Annual membership fee: \$5.00 (Send to State Auxiliary Treasurer or give to an Auxiliary Member) Original to National