

Complete Form 1187 and fax to (703) 329-0466 or mail to the LEAGUE. Upon receipt, you will receive your membership card and your state branch will be notified of your membership. Your monthly dues will be deducted from your pay and remitted to the LEAGUE by the Postal Service. **Updated May 2007**

1187

Check One: PM OIC PMR Assoc. Mem Home Telephone (____) _____
 Date of Birth _____ Sex F M P. O. Telephone (____) _____

Standard Form No. 1187
 Revised August 2000
 U.S. Civil Service Commission
 FPM Chapter 550
 1187-202

REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES

NAME OF EMPLOYEE (<i>Print - Last Name, First, Middle</i>) _____		SOCIAL SECURITY NUMBER _____	
HOME ADDRESS (<i>Street and Number</i>) _____		City and State _____	(Zip+4) _____ USPS Employee I.D. # _____
OFFICE ADDRESS Home P.O. Finance No. _____ Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office E-mail: _____			
Post Office _____ Level of Office: _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt			(For Office Use Only)
STREET ADDRESS _____			
CITY _____ STATE _____ ZIP+4 _____			

SECTION A - FOR USE BY EMPLOYEE ORGANIZATION		(For Office Use Only)
NAME OF EMPLOYEE ORGANIZATION (Include local, branch, lodge or other appropriate identification) <div style="font-size: 2em; font-weight: bold; margin-left: 10px;">N</div> <div style="text-align: center; margin-left: 10px;"> NATIONAL LEAGUE OF POSTMASTERS 5904 Richmond Highway, Suite 500 Alexandria, Virginia 22303-1864 </div>		
I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per calendar month.		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL _____	DATE _____	

SECTION B - AUTHORIZATION BY EMPLOYEE	
<p>I hereby authorize the above named agency to deduct from my pay each period, or the first full pay period of each month, the amount certified above as the regular dues of the National League of Postmasters (<i>Name of Employee Organization</i>) and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named employee as a uniform change in its dues structure. I understand that this authorization will become effective the first pay period following its receipt in the Human Resources Shared Services Center (HRSSC), PO Box 970400, Greensboro, NC 27497-0400.</p> <p>I further understand that my dues may only be canceled either by separation from the USPS or by using USPS Standard Form No. 1188, Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues, and that I may revoke this authorization at any time by filing the original of such a revocation form with the USPS HRSSC, PO Box 970400, Greensboro, NC 27497-0400. SF 1188 is available on the USPS Intranet on the Forms page. Such revocation will not be effective however until the first full pay period following March 1st or September 1st of any calendar year, whichever date first occurs after the SF 1188 is received in the HRSSC, (See ELM Section 925 for full explanation of Cancellation of Dues Withholding guidelines.) Additional information may be obtained by calling HRSSC at 1-877-477-3273.</p>	
SIGNATURE OF EMPLOYEE _____	DATE _____

RECRUITER NAME _____ PLEASE PRINT	
First _____ Last _____	Social Security Number _____
City _____ State _____ Zip _____	DATE _____
WORK PHONE: _____ HOME PHONE: _____	