



Form 1187

Request and Authorization for Voluntary Allotment of Compensation for Payment of Employee Organization Dues
Fill Out Form On-line, Print it out, and Return to UPMA National Office at the Address Below for Processing

Section A: All New Members Complete

Your title determines whether you also complete Section B or C

USPS Employee Identification Number (EIN)	Social Security Number	Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Employee (PRINT Last Name, First, MI)		Home Telephone	
Home Address (Street and Number/Box)	City	State	ZIP+4
Personal E-mail Address			

Section B: To Be Completed by Postmaster

Post Office	City/State	ZIP code	Post Office Finance Number
Post Office Level		Postmaster's Direct Post Office Telephone	

Section C (Check One): Manager/Supervisor Associate PMR-Only Complete

Employee Title	PO/City/State/ZIP
Post Office Telephone Number	Employee Pay Schedule Level
Home Payroll Office Finance Number	Employee Designation Code

Section D: For Use by the Employee Organization



Mail completed form to: **United Postmasters and Managers of America (UPMA)**
8 Herbert Street
Alexandria, Virginia 22305-2600

Section E: Authorization by Employee

I hereby authorize the above-named agency to deduct from my pay each pay period the amount certified above as the regular dues the (UN-P) United Postmasters and Managers of America (UPMA) 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 that is certified by the above-named employee organization as a uniform change in its dues structure.

I understand that this authorization is a pay periods deduction. It will become effective the first pay period, following its receipt in the employee organization's headquarters office: UPMA, 8 Herbert Street, Alexandria, VA 22305-2600.

I further understand that revocation forms Standard Form No. 1188, "Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues" are available from my employing agency and that I may revoke this authorization at any time by filing such a revocation form or other written revocation request by "Certified Mail" directly to the employee organization's headquarters office: UPMA, 8 Herbert Street, Alexandria, VA 22305-2600. Such revocation will not be effective, however, until the first full pay period following March 1 or Sept. 1 of any calendar year, whichever date first occurs after the revocation is received in the employee organization's headquarters office.

Signature of Employee	Date
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Section F

Check this box to signify you've read and understood the terms in Section E of this form.

Who/what most influenced your decision to join UPMA?