

UPMA Auxiliary Membership

Please complete the Auxiliary membership application below. Be sure to include the complete mailing address. This will be sent to the Primary Auxiliary member. Membership dues are \$ 10.00 for the primary member and \$ 5.00 for each additional family member. **Return the completed form and payment to:**

UPMA Auxiliary PO BOX 64 Lumber Bridge, NC 28357. Thank You

Primary Auxiliary Member		valid through 2023-2024	
NAME _____			
Print	(Last Name)	(First)	(Middle Initial)
EMAIL ADDRESS: _____			
MAILING ADDRESS _____			
(Street/PO Box/Apt. #)		(City & State)	(Zip +4)
Phone () _____		Local Chapter Member Yes No State _____	
Family Member _____		Retired Postmaster _____ Postmaster, Manager or Supervisor _____ BRATS _____	
		age 6-21	

Additional members:

Name	Address	City/State/Zip	Phone	Auxiliary or BRAT

Amount paid _____

Cash _____

Check _____