



# Form 1187

**Request and Authorization for Voluntary Allotment of Compensation for Payment of Employee Organization Dues**  
*Fill Out Form and Send to UPMA National Office at the Address Below for Processing*

## Section A: New Members Complete All Applicable Sections

USPS EIN (8 digits)	Date of Birth		
Personal Cell Phone #	Gender (Check One) Male      Female      Other		
First Name (Form 50)			
Last Name (Form 50)	Suffix (If applicable check one) Jr.      Sr.      II      III		
Other Preferred Name (If applicable)			
Home Street Address			
City	State	ZIP Code	
Personal E-Mail Address (not @usps.gov)			
Form 50 Pay Level	Form 50 Finance Number	-	

## Section B: From your current PS Form 50 (Check One):

**Postmaster      Manager      Supervisor      Other EAS**  
**PCES      204B      Associate (Craft)      PMR**

<p>Mail completed form to: <b>United Postmasters and Managers of America (UPMA)</b>  <b>8 Herbert Street</b>  <b>Alexandria, Virginia 22305-2600</b></p> <p><b>Visit the UPMA website <a href="http://unitedpma.org">unitedpma.org</a> for membership benefit information.</b></p>
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## Section C: 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 filling 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.

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

**New Member's Signature:** \_\_\_\_\_

**Date:**

**Who most influenced your decision to join UPMA?**

**Person's Name:**