United Postmasters and Managers of America

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: USPS Information

★ USPS EIN (8 DIGITS) ☐☐☐☐☐☐☐☐

★ PAY LEVEL ☐☐

★ FINANCE NUMBER (XX-XXXX) ☐☐-☐☐☐☐

★ SELECT YOUR CURRENT POSITION (SELECT ONE)

POSTMASTER	MANAGER	SUPERVISOR	PCES/EXECUTIVE	OTHER EAS	PMR	204-B	ASSOCIATE (CRAFT)
○	○	○	○	○	○	○	○

Section B: Personal Information

★ FIRST NAME

MIDDLE NAME/INITIAL (NOT REQUIRED)

★ DATE OF BIRTH (MM/DD/YYYY) _____/_____/_____

★ LAST NAME

★ GENDER ☐ Male ☐ Female ☐ Other

★ PERSONAL CELL PHONE (____) _____ - _____

★ PERSONAL EMAIL ADDRESS

SUFFIX (JR., SR., II, III) ☐ Jr. ☐ Sr. ☐ II ☐ III

HOME STREET ADDRESS

★ CITY

★ STATE

★ ZIP CODE

Section C: Authorization & Agreement

I hereby authorize the above-named agency to deduct from my pay each pay periodtheamount certifiedaboveas 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.

★ ☐ I HAVE READ AND UNDERSTAND THE TERMS ABOVE

★ Sign Here

YOUR SIGNATURE

★ DATE (MM/DD/YYYY) _____/_____/_____

Section D: Recruiting Member

★ **MEMBER WHO MOST INFLUENCED YOU TO JOIN UPMA:**

MEMBER FIRST NAME

MEMBER LAST NAME

MAIL COMPLETED FORM TO: United Postmasters and Managers of America (UPMA)
8 Herbert St, Alexandria, Virginia 22305-2600

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