



Where Service Begins With a Smile

**APPLICATION FORM
FOR MEMBERSHIP IN THE
WASHINGTON RURAL LETTER CARRIERS' AND
NATIONAL RURAL LETTER CARRIERS' ASSOCIATIONS
DUES YEAR 2017/2018**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

POST OFFICE WHERE EMPLOYED: _____

HOME/CELL TELEPHONE NUMBER: _____

DUES YEAR RUNS FROM JULY 1, 2017 TO JUNE 30, 2018:

_____ **REGULAR CARRIER (71) PTF (76) \$734.00 YEAR / \$28.23 A PAY PERIOD**

_____ **RELIEF CARRIER*(70-5,73,74,75,78&79) \$255.00 YEAR / \$9.81 A PAY PERIOD**

_____ **RETIREE \$83.00 YEAR OR \$6.92 A MONTH.**

***IF YOU DO NOT WORK IN A PAY PERIOD YOU DO NOT HAVE TO PAY DUES WHEN ON DUES WITHHOLDING.**

**COMPLETE THE BACK SIDE OF THIS
FORM, SIGN IT, AND SEND TO:**

**WARLCA STATE SECRETARY
2811 N CHASE LN
LIBERTY LAKE WA 99019-5002
Phone: (509) 710 7840
E Mail: WARLCA@Gmail.com**

UNITED STATES POSTAL SERVICE
AUTHORIZATION FOR DEDUCTION OF DUES

RURAL CARRIER CLASSIFICATION			
<input type="checkbox"/> Regular	<input type="checkbox"/> PTF	<input type="checkbox"/> Relief	<input type="checkbox"/> ARC

(USPS EMPLOYEE I.D. NUMBER)

LASTNAME	FIRSTNAME	MI
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MAILING ADDRESS	CITY	STATE	ZIP CODE +4
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POSTAL INSTALLATION WHERE EMPLOYED	ZIP CODE OF INSTALLATION	INSTALLATION FINANCE NO.
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SECTION A - AUTHORIZATION BY EMPLOYEE

I hereby assign to the **National Rural Letter Carriers' Association**, from any salary or wages earned or to be earned by me as your employee (in my present or any future employment by you) such regular and periodic membership dues as the union may certify as due and owing from me, as may be established from time to time by said Union. I authorize and direct you to deduct such amounts from my pay and to remit same to said Union at such times and in such manner as may be agreed upon between you and the Union at any time while this authorization is in effect.

This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery hereof to you, and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year, unless written notice is given by me to you and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year.

This assignment is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between you and my Union.

Contributions or gifts (including dues) to the NRLCA are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

EMPLOYEE SIGNATURE	DATE	PHONE	EMAIL ADDRESS
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SECTION B- FOR USE BY STATE ASSOCIATION

R - NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

SIGNATURE OF ACCEPTING UNION OFFICIAL

DATE

I hereby certify that the dues of this organization for the above named member, for the applicable designation, are currently established at \$ \$28.93 Regular/ \$9.81 Relief per pay period.

LOC #	STATE
DATE	REMIT #

REBECCA WENDLANDT, STATE SECRETARY

SECTION C- FOR USE BY NATIONAL ASSOCIATION

Date of Delivery to Employer (For National Office use)

ANNIVERSARY DATE TO BE USED
AT USPS PERSONNEL OFFICE

Send to: REBECCA WENDLANDT
WARLCA STATE SECRETARY-TREASURER
2811 N CHASE LANE
LIBERTY LAKE, WA 99019-5002