

COUNT ME IN!

Enroll Me as an APWU Retiree for Only \$3 a Month!

LAST NAME FIRST NAME MI

SSN # DATE OF RETIREMENT DATE OF BIRTH

CSA NUMBER E-MAIL ADDRESS

STREET ADDRESS CITY/STATE/ZIP

HOME PHONE # MOBILE PHONE #

AUTHORIZING SIGNATURE DATE

By signing above, I hereby authorize the Office of Personnel Management (OPM) to release to the American Postal Workers Union (APWU) my CSA number and any future address changes for the purpose of keeping my membership current.

PREFERRED CONTACT NUMBER: HOME MOBILE

By selecting my preferred contact number, I am authorizing APWU to call me or send me recorded messages using automated technology to the telephone number entered above.

Would you like to receive mobile text alerts from APWU?: YES NO

If you choose to receive mobile alerts, you are authorizing mobile communications. Note: Msg & data rates may apply. Text STOP to 91990 to stop receiving messages. Text HELP to 91990 for more information.

Select Only One,

Then continue on other side of the form

Complete details for the following options are listed in APWU National Constitution and Bylaws.

- OPTION 1**
Retiree Membership of only \$36 per year, ANNUITY DEDUCTION of retiree \$3 dues monthly. *Do not enclose a check with this form.* Privileges: The right to vote and run for office as a Retiree National Convention Delegate or National Director of the APWU Retirees Department, and the right to vote for President, Executive Vice-President, Secretary-Treasurer, Legislative and Political Director and Assistant Director, Human Relations Director, and APWU Health Plan Director.
- OPTION 2**
Retiree Membership of \$36 per year plus APWU full dues (National Per Capita Tax and local dues), ANNUITY DEDUCTION of retiree dues of \$3 monthly. You will be billed for the National Per Capita Tax and the required local dues amount. **Do not enclose a check with this form.** We will provide you with instructions on how to pay the National Per Capita Tax and local dues. This amount will vary from approximately \$200 to \$600 annually.* (*Note: For additional information, see Article 3, Section 4 of the APWU Constitution and Bylaws at www.apwu.org, in the Secretary-Treasurer's section.*)
Privileges: Same as OPTION 2 plus eligible for full local and national membership rights.

CONTRIBUTE TO APWU COPA

The Committee on Political Action

The benefits you have earned – including your annuity and health insurance – are not safe. Congress can reduce or eliminate these essential benefits, and has shown an interest in doing so.

The APWU is committed to continuing the fight to protect your rights and benefits, even after you retire. This is a top priority of our organization, along with protecting postal jobs and preserving the USPS as a public service. To continue the fight, we need your help!

YES! I want to contribute to APWU COPA, the union's Committee on Political Action, directly from my annuity. After all, as a retiree, Congress' votes can determine my future!



COPA CONTRIBUTION

(Check one)

\$2/month \$5/month \$10/month Other: \$ _____/month

Congratulations on your Retirement!

Welcome to the APWU Retirees Department!

Mark Dimondstein
APWU President

(COPA contributions are not tax deductible.)

Please return your completed application to:

Judy Beard, Director
APWU Retirees Department
1300 L Street NW
Washington DC 20005