



**NATIONAL ASSOCIATION OF RETIRED POSTAL INSPECTORS
APPLICATION FOR BOTH MEMBERSHIP TYPES**

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

Email: _____ Telephone: _____

INSPECTION SERVICE DATES: From _____ To _____

USPIS DIVISIONS ASSIGNED: _____

I qualify for membership because I held the position of _____

If service includes other positions in the Inspection Service or USPS, please describe below.

DATE RETIRED: _____

By entering my initials in the following space (_____) I hereby authorize the inclusion and intra-organizational dissemination of my email address via the NARPI e-mail Directory.

Retirees' spouses become regular members as soon as the retiree's membership becomes effective.

Please show spouse's name, if applicable.

SPOUSE'S FULL NAME: _____

Applicant's Signature

Date

\$30 Regular/Associate Annual Dues enclosed: \$_____ (First year's dues must accompany application.)

\$20 Surviving Spouse Annual Dues enclosed: \$_____ (First year's dues must accompany application.)

Mail completed application and dues to:

**NARPI
PO Box 400
Shallotte NC 28459-0400**

Referring Member (optional):

(Printed Name)