



NATIONAL ASSOCIATION OF RETIRED POSTAL INSPECTORS
APPLICATION FOR MEMBERSHIP

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: _____ DATE OF BIRTH _____

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/domestic partners become regular members as soon as the retiree's membership becomes effective.

Please show spouse's/domestic partner's name, if applicable.

SPOUSE'S NAME: _____

Applicant's Signature

Date

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

Mail completed application and dues to:

NARPI

PO Box 400

Shallotte NC 28459-0400