APWU AUXILIARY

Per-Capita Membership Form

Instructions

A per-capita membership form must accompany all funds intended as payment of per-capita (dues) to the National Auxiliary to the American Postal Workers Union. Make a copy of this form and enclose it with your next per-capita payment. It is extremely important that information on this form is complete for all members whose per-capita is being paid. Members-at-large (MALs) please fill in local affiliation on Name of Auxiliary/Local Affiliation Line. Mail completed forms and per-capita check to the National Auxiliary Treasurer.

_____ **Total Amount Enclosed** $_____
Name of Auxiliary or MAL Local Affiliation

Number of Members Paying _____

Paying From _____ **Paying To** _____
Date Date

Name of Person Remitting Per-capita Tax _____

Please complete a membership roster for each member you are paying for:

Name	Mailing Address	City	ST	Zip	$Amt Pd	From-To	New