



# Form 1187

Request and Authorization for Voluntary Allotment  
of Compensation for Payment of Employee Organization Dues  
*Fill Out Form On-line, Print it out, and Return to  
UPMA National Office at the Address Below for Processing*

## Section A: All New Members Complete

USPS Employee Identification Number (EIN)	Social Security Number	Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Name (PRINT Last Name, First, MI)		Contact Telephone	
Home Address (Street and Number/Box)	City	State	ZIP+4
Personal E-mail Address			

**Section B (Check One):**  Postmaster  Manager/Supervisor  Associate  PMR

Position	PO/City/State/ZIP
Post Office/Work Telephone Number	Pay Schedule Level
Post Office/Home Payroll Office Finance Number	Designation Code

## Section C: For Use by the Employee Organization

**P**

Mail completed form to: **United Postmasters and Managers of America (UPMA)**  
**8 Herbert Street**  
**Alexandria, Virginia 22305-2600**

**Visit the UPMA website [unitedpma.org](http://unitedpma.org) for membership benefit information.**

## Section D: Authorization by Employee

I hereby authorize the above-named agency to deduct from my pay each pay period the amount certified above as the regular dues the (UN-P) United Postmasters and Managers of America (UPMA) and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted that is certified by the above-named employee organization as a uniform change in its dues structure.

I understand that this authorization is a pay periods deduction. It will become effective the first pay period, following its receipt in the employee organization's headquarters office: UPMA, 8 Herbert Street, Alexandria, VA 22305-2600.

I further understand that revocation forms Standard Form No. 1188, "Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues" are available from my employing agency and that I may revoke this authorization at any time by filling such a revocation form or other written revocation request by "Certified Mail" directly to the employee organization's headquarters office: UPMA, 8 Herbert Street, Alexandria, VA 22305-2600. Such revocation will not be effective, however, until the first full pay period following March 1 or Sept. 1 of any calendar year, whichever date first occurs after the revocation is received in the employee organization's headquarters office.

Signature of Employee	Date
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## Section E

Check this box to signify you've read and understood the terms in Section D of this form.

**Who/what most influenced your decision to join UPMA?**

Person's Name

Career Awareness Conference  USPS Provided Training  Other

**UPMA NATIONAL OFFICE FOR PROCESSING**