

Revised 7/16/2025 NRLCA Form 1187

## UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

RURAL CARRIER CLASSIFICATION								
Regular	PTF	Relief	ARC					

AUTHORIZ	ATION FOR DEDUC	TION OF DUES	Reg	ular P1	TF Relief ARC	
( <mark>USPS E</mark>	EMPLOYEE I.D. NUMBER)					
LASTNAME	FIRSTNAM	FIRSTNAME		MI		
MAILING ADDRESS – INCLUDING APT# IF APPLICABLE		CITY	CITY		ZIPCODE+4	
EMAIL ADDRESS						
POSTAL INSTALLATION WHERE EMPLOYED		ZIP CODE OF INSTA	ALLATION	INSTALLATION FINANCE NO.		
	SECTION A - AUTHO	RIZATION BY EMPL	OYEE.			
you, and I agree and direct that the for successive periods of one (1) not less than ten (10) days prior to This assignment is freely made agreement between you and my Ur	year, unless written notice is to the expiration of each perio pursuant to the provisions of the nion. dues) to the NRLCA are not tax	and direction shall be au given by me to you and a d of one year. Postal Reorganization Act	tomatically the Union no	renewed, and ot more than on the other or th	d shall be irrevocable twenty (20) days and the existence of any	
EMPLOYEE SIGNATURE	DAT	E	PHONE			
R - NATIONAL RU	JRAL LETTER	CARRIERS'	ASSO(	CIATIO	)N	
SIGNATURE OF ACCEPTING UNIO						
, ,	per pay period.		LOC#	STATE		
the applicable designation, are currently established at \$		реграу репос.		DATE	WA REMIT#	
\$35.42 for Regulars and FTF \$12.50	TOI Relief and ARC					
Lorrie Crow	WARLCA	, STATE SECRET	ARY			
	SECTION C- FOR US	E BY NATIONAL ASS	OCIATION			
Date of Delivery to Employer (For N	ational Office use)					
ANNIVERSARY DATE TO BE USED AT USPS PERSONNEL OFFICE						

Send to:

LORRIE S. CROW WARLCA STATE SECRETARY-TREASURER 1208A SLIDE CREEK RD COLVILLE, WA 99114 Recruiter EIN:

Name: Address: