UNITED POSTMASTERS and MANAGERS of AMERICA

Charge to: Membership

NEW MEMBER REBATE REQUEST

NAME:
ADDRESS:
CITY, STATE ZIP:

FROM DATE:
TO DATE:
PURPOSE: New Member Rebate

DATE PS 1187 submitted	New Member Name and Office	Rebate $5.00 Associate/Retiree	Rebate $50.00 EAS
	Sub Total:		

Grand Total:

Note: Payment will be made after membership is verified on the National UPMA website.

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE DATE

APPROVED DATE

Date Paid Ck#