

DEATH BENEFIT DEPARTMENT, National Rural Letter Carriers' Association and its Auxiliary

APPLICATION FOR MEMBERSHIP

Date _____

CIRCLE CLASS DESIRED

\$10 \$15 \$20
\$30 \$40 \$50

For Class: _____

+Entrance Fee \$2.00

*Amount Enclosed: _____

Mail at Once To
RURAL CARRIERS' PROVIDENT GUILD
Deborah L. Wix
2226 Meadowbrook Dr
Springfield OH 45506
419-501-2213

ACTION OF ADMISSION BOARD
Not to be filled by Applicant

Those who submit applications during:

July, August or September need to pay a full year's dues;
October, November, or December submissions need to pay 75% of a full year's dues plus entrance fee;
January, February, or March submissions need to pay 50% of a full year's dues plus entrance fee;
April, May, or June submissions need pay the entrance fee plus 25% of a full year's dues plus the upcoming full year's dues.

Male Female Married Single Divorced Widowed

1. Name _____
First Middle Last

2. Mailing Address _____
Street Phone Number
City State Zip Code E-mail

3. Date of Birth _____
Month/Date/Year Age

4. Occupation: Regular Carrier Substitute Carrier Retired Carrier Wife/Husband of Carrier
Widow/Widower of Carrier Wife/Husband of Sub. Carrier Wife/Husband of Retired Carrier

5. Have you ever been a member of the Provident Guild? Yes No

6. Is your wife (or husband) a member of the Provident Guild? Yes No

7. 1st Beneficiary _____
Name Phone Number
Street City State Zip Code

2nd Beneficiary _____
Name Phone Number
Street City State Zip Code

8. "I agree to the method of distribution of benefits as shall be Provided by the Organic Law as of the date of my death".

9. I hereby declare that I have carefully read each of the above questions and answers, and that my answers are true.

Signature of Applicant

Guild Representative State Phone Number