UPMA Auxiliary Membership

Please complete the Auxiliary membership application below. Be sure to include the complete mailing address. There is a space to check if you would like to receive The Auxiliary's National Newsletter, which is after our National Convention. This will be sent to the Primary Auxiliary member. Membership dues are: \$ 10.00 for primary member and \$ 5.00 for each additional family member.

Return completed form to your State Auxiliary or to any National Auxiliary officer. Thank You

| Primary Auxiliary Me | | | | November 1, 20 | 17 to October 31, |
|------------------------------------|-------------|----------------|----------------|----------------|-------------------------------|
| Receive Newsletter | yes | no | | | |
| NAME | | | | | |
| Print | (Last Name) | | (First) | (1) | Middle Initial) |
| EMAIL ADDRESS: | | | | | |
| MAILING ADDRESS | s | | | | |
| (Street/PO Box/Apt. #) | | | (City & State) | (Zip +4) | |
| Phone () | | | | | |
| | | | | | |
| Family Member | _ | Retired | _ | Postmaster or | Manager |
| | | | | Postmaster or | Manager |
| Family Member BRATS are those A | | | | Postmaster or | Manager |
| BRATS are those A | | | | | Manager one Auxiliary or BRAT |
| BRATS are those A | | ers aged 6 - 2 | 1 | | one Auxiliary |
| BRATS are those A | | ers aged 6 - 2 | 1 | | one Auxiliary |
| BRATS are those A | | ers aged 6 - 2 | 1 | | one Auxiliary |
| BRATS are those A | | ers aged 6 - 2 | 1 | | one Auxiliary |

Please indicate any other members on the back of this form. Thank you

Amount paid _____ Cash ____ Check _____