

Yes! I Want to Join the Team.

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Name:	FIRST	MI	Employee ID #		
Should we need to contact	you, please include your en	nail address and	l phone number. Please wr	ite clearly.	
E-mail:			Phone:		
Signature:			Local:		 LBE

This COPA solicitation is paid for by the American Postal Workers Union, 1300 L Street NW, Washington, DC 20005, (202) 842-4200; it is not authorized by any candidate or candidate's committee. Contributions or gifts to COPA are not deductible as charitable contributions for federal income tax purposes. COPA will use the contributions it receives for political purposes, including making contributions to candidates for federal, state and local offices, and addressing political issues of public importance. Contributions to COPA are voluntary. The amount given or the refusal to give will not benefit or disadvantage the person being solicited. Federal law requires political action committees to report the name, mailing address, occupation, and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.



American Postal Workers Union, AFL-CIO 1300 L Street, N.W., Washington, D.C. 20005 202-842-4211 • www.apwu.org/copa

CONTRIBUTE TO COPA! Please Select ONE of the THREE Methods Below

1 - ELECTRONIC FUND TRANSFER (For Both Active & Retirees)
The COPA Fund will automatically deduct the amount you choose to contribute, with no fee to you. I hereby authorize my bank to deduct from my checking account the sum of:
\$2 \$4
biweekly and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA). I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing. (When returning this form, please include a voided check, a copy of a check, or provide your bank Routing Number: and Account Number:)
2 – OPM ANNUITY (For Retirees Only)
The COPA Fund will automatically deduct the amount you choose to contribute from your monthly postal pension check. I hereby authorize the Office of Personnel Management (OPM) to begin or increase deductions from my annuity in the sum of:
\$2 \$4
per month and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA). I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing. CSA #:
3 - COPA BY CHECK (For Both Active & Retirees)
My check in the amount of \$is enclosed. (Make your check payable to APWU COPA and enclose it with this form.)
Yes! I Want to Join the Team.
Name:
Employee ID # or Member ID #:(Retiree Member ID is found on APWU Membership Card. Call 202-842-8505 for assistance.)
Signature: Local/Chapter:
Should we need to contact you, please include your email address and phone number. Please write clearly.
E-mail: Phone:

Please mail this completed form to: American Postal Workers Union 1300 L Street NW, Washington DC 20005

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