

THE NATIONAL RURAL LETTER CARRIERS' ASSOCIATION  
APPLICATION FOR MEMBERSHIP LONGEVITY AWARD

YEARS OF MEMBERSHIP

50

60

70

\*\*\*\*\*

APPLICANT STATEMENT

NAME: \_\_\_\_\_  
DATE OF RURAL CARRIER APPOINTMENT: \_\_\_\_\_  
DATE OF RETIREMENT (IF RETIRED): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
APPLICANT SIGNATURE: \_\_\_\_\_

By signing, applicant certifies that the above information is correct and that eligibility is in accordance with established guidelines.

SIGNING FOR APPLICANT: \_\_\_\_\_  
Name and Title

If the applicant cannot complete this statement, a state or local officer, or other responsible member may complete it at the discretion of the State Secretary.

\*\*\*\*\*

STATE SECRETARY STATEMENT

This is to certify that insofar as a search of records is concerned, and insofar as it can be ascertained, the above applicant is eligible for receipt of the specified membership longevity award.

Send Award To: MEMBER  ST SEC  OTHER

Other Name: \_\_\_\_\_

Other Address: \_\_\_\_\_  
\_\_\_\_\_

STATE SECRETARY SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

FOR NATIONAL USE ONLY

AWARD APPROVED: \_\_\_\_\_ Date AWARD DENIED: \_\_\_\_\_ Date

NATIONAL OFFICER SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_  
Title