Order Form – Membership Reports

Date:		
Name:		
Local Name:		
Local Street Address:		
City:	ST:	Zip:
Phone #:	Email:	
Please check the format of	f how you would like the lists to be	generated
1. Member and Non-Mem	ıber List	
\square With or \square With	nout Addresses (check one)	
Select order of list (Alphabetically be Office Finance I Pay Location	y Last Name	
2. PSEs Only		
\square With or \square With	nout Addresses (check one)	
Select order of list (Alphabetically beaution Office Finance I Pay Location	y Last Name	
3. PSE Health Plan Eligik	pility List (Information is generated	for the current month)
\square With or \square With	nout Addresses (check one)	
Select order of list (Alphabetically be Office Finance I Pay Location	y Last Name	
*President and Secretary-Treasurers ca	n receive this information at www.apwu.org under th	e "Members Only" section
	merican Postal Workers Union, AFL-C Anna Smith, Organization Director 300 L Street NW, Washington, DC 200	

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