Non-Member Reports Order Form

RETURN FORM TO: American Postal Workers Union, AFL-CIO

Anna Smith, Organization Director / 1300 L Street NW, Washington, DC 20005 / Fax; 202-216-2639 / E-mail: organization@apwu.org

Date:		
Requesters Name:	Requesters Title:	
Local Name:		_
Address:		
City:	ST:	Zip:
Phone #:	Email:	-
Please check the format of	how you would like the lists to be o	generated:
1. Non-Member List		
\square With or \square With	out Addresses (check one)	
Select order of list Alphabetically by Office Finance N SCF	y Last Name	
2. PSEs Only Non-Membe	er List	
\square With or \square With	out Addresses (check one)	
Select order of list Alphabetically by Office Finance N SCF	y Last Name	
3. PSE Health Plan Eligib	ility List (Information is generated	for the current month)
Select order of list Alphabetically by Office Finance N Pay Location	y Last Name	

^{*} President and Secretary-Treasurers can retrieve Member information at www.apwu.org under the "Members Only" section ** Local President will be advised of all requests