



**NEW YORK  
RURAL LETTER CARRIERS' ASSOCIATION**  
"Service With A Smile"



APPLICATION FOR MEMBERSHIP – DUES YEAR 7/1/2024 - 6/30/2025  
Revised 07/01/2024

NAME: \_\_\_\_\_

EMPLOYEE I.D. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street or PO Box)

\_\_\_\_\_  
(City) (State) (Zip+4)

POST OFFICE: \_\_\_\_\_ COUNTY \_\_\_\_\_  
(Where You Work) (Where you work)

DESIGNATION: \_\_\_\_\_ SPOUSES'S NAME: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Email address: \_\_\_\_\_

**Two (2) ways to pay your dues.**

To become a Dues Withholding Member, simply prepare P.S. Form 1187 (or Form 1187R if retired) and submit with this form to the State Secretary. The dues withholding program is a simple way in which to spread your dues over the year in equal payments. Once on dues withholding, you do **NOT** need to renew annually. You are strongly encouraged to utilize this program.

**Dues withholding rates:**

Regular Carrier	\$ 35.02 Per pay period	JOHN FANCHER NYRLCA SECRETARY PO BOX 301 ASHLAND NY 12407-0301
PTF	\$ 35.02 Per pay period	
Substitute Carrier/RCR/RCA	\$ 11.85 Per pay period	
ARC	\$ 11.09 Per pay period	
Retired Carrier	\$ 8.67 Monthly	

**CASH PAY Rates:** Dues year is from July 1 thru June 30 of each year.

Should you choose to be a Cash Pay Member, make your check payable to the **NYRLCA** for the total annual amount; no partial payments allowed, and submit with this form to the State Secretary.

Regular Carrier	\$ 910.54 Annually	JOHN FANCHER NYRLCA SECRETARY PO BOX 301 ASHLAND NY 12407-0301
PTF	\$ 910.54 Annually	
Substitute Carrier/RCR/RCA/ARC	\$ 307.97 Annually	
ARC	\$ 288.35 Annually	
Retired Carrier	\$ 104.08 Annually	

Those NRLCA members who have signed an authorization for deduction of dues and do not wish to participate in the Family Plan may request a refund of Auxiliary dues. Such refund request must be made in writing to the NRLCA Secretary-Treasurer. Requests must be sent in after July 1st and before September 30<sup>th</sup>.

*Union Membership affords you the opportunity to participate in our vision, dental, medical health plans, and auto, life and disability insurance\*. Information on these benefits may be obtained from the State Secretary. Your dues include membership in the National, State and County/Area Associations.*

*\* Some restrictions may apply to relief carriers.*