



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



CONFIDENTIALITY STATEMENT

Name: _____
(Please Print)

Title(s): _____
(i.e. - County President, S/T, NYRLCA)

Date: _____

I certify that I will use the membership information I receive strictly for NYRLCA union business. I also certify that I will either turn over to my successor or completely destroy, either by shredding or burning, any printed membership information as per the time limits established on the retention schedule by DOL and IRS, or upon leaving office.

I understand that all NYRLCA members' and non-members' addresses and phone numbers are to be kept confidential and I will not give them to anyone else. I also understand that all NYRLCA information under my control is to be kept and stored in a secure manner.

I will also turn over all NYRLCA or County information, books, equipment, supplies, and files to the next officer upon leaving office.

Signed:

Return to state secretary