

Application for Membership – Mutual Benefit Society

Iowa Rural Letter Carriers' Association and Auxiliary

I hereby make application to membership in the MUTUAL BENEFIT feature of the Iowa Rural Letter Carriers' Association and its Auxiliary, and enclose herewith Two Dollars (\$2.00).

I promise to answer all questions correctly and without reservation, and agree to abide by the regulations of said Society.

Date _____
Full name _____ Age _____
Address _____

Place of Birth _____ Date of Birth _____

I am a Regular Retired Substitute carrier at _____ State _____

I am a member of the _____ County Rural Letter Carriers' Association

Present state of health _____

How many days were you absent from duty the past year on account of illness? _____

Name of Beneficiary _____ Relationship _____
Address _____

Alternate Beneficiary _____ Relationship _____
Address _____

Recommended by: _____ Signed _____

If applicant is a spouse of a regular, retired or substitute carrier, please provide the following information:

I hereby make application to membership in the MUTUAL BENEFIT feature of the Iowa Rural Letter Carriers' Association and its Auxiliary, and enclose herewith Two Dollars (\$2.00).

Full name _____ Age _____
Address _____

I am a member of the _____ County Auxiliary

Present state of health _____

Name of Beneficiary _____ Relationship _____
Address _____

Alternate Beneficiary _____ Relationship _____
Address _____

Recommended by: _____ Signed _____