

THE NATIONAL RURAL LETTER CARRIERS' ASSOCIATION  
APPLICATION FOR MEMBERSHIP LONGEVITY AWARD

50

YEARS OF MEMBERSHIP

60

70

\*\*\*\*\*

APPLICANT STATEMENT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF RURAL CARRIER APPOINTMENT: \_\_\_\_\_  
DATE OF RETIREMENT (IF RETIRED): \_\_\_\_\_  
WHAT COUNTY DID YOU JOIN IN? \_\_\_\_\_  
APPLICANT SIGNATURE: \_\_\_\_\_

By signing, applicant certifies that the above information is correct and that eligibility is in accordance with established guidelines.

SIGNING FOR APPLICANT: \_\_\_\_\_  
Name and Title

If the applicant cannot complete this statement, a state or local officer, or other responsible member may complete it at the discretion of the State Secretary.

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STATE SECRETARY STATEMENT

This is to certify that insofar as a search of records is concerned, and insofar as it can be ascertained, the above applicant is eligible for receipt of the specified membership longevity award.

Send Award To: MEMBER  ST SEC  OTHER

Other Name: \_\_\_\_\_

Other Address: \_\_\_\_\_  
\_\_\_\_\_

STATE SECRETARY SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

FOR NATIONAL USE ONLY

AWARD APPROVED: \_\_\_\_\_ AWARD DENIED: \_\_\_\_\_  
Date Date

NATIONAL OFFICER SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_  
Title

## INSTRUCTIONS FOR LONGEVITY AWARD APPLICATION

### ELIGIBILITY

1. Applicant must be a current member of the National Rural Letter Carriers' Association and must have been a member for all or the major portion of the 50/60/70 years.
2. Applicant must have completed:
  - (a) 50, 60, or 70 years of service as a rural letter carrier; **OR**
  - (b) A combination of 50, 60, or 70 years as a rural letter carrier and a retired carrier.
3. Application must be submitted using the official form or a reasonable facsimile.

### APPLICANT STATEMENT

1. If the proposed recipient of the longevity award cannot complete the Applicant Statement section of the application, the State Secretary may complete it on the member's behalf. At the State Secretary's discretion, another state or local official or responsible member may complete the statement on the member's behalf.
2. The appropriate years of membership upon which the award is based must be checked.
3. The Applicant Statement should be signed where indicated by either the applicant or by the person who is signing for the applicant.
4. After completion of the Applicant Statement, the form must be forwarded to the State Secretary for verification and certification.

SEND TO:  
OHLCA State Secretary, Penny Koren  
104 Clay Rd SW  
Dellroy OH 44620-9757

1. Upon receipt of the application, the State Secretary will verify the information provided based on available state records. By signing the application, the State Secretary certifies that the member is eligible to receive the specified membership longevity award.
2. The State Secretary will check the appropriate box indicating where the National Office should send the longevity award. If the "Other" box is checked, a name and address should be provided where indicated.
3. Upon completion of the State Secretary's section, the State Secretary should forward the application for final processing to the National Office at:

NRLCA  
Attn: Assistant to the Secretary-Treasurer  
1630 Duke Street  
Alexandria, VA 22314-3467