



NETWORK NATIONAL

Membership Application (Fillable)

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ ZIP+4: _____

Home Phone # _____ and/or Mobile #: _____

Personal Email Address: _____

USPS Position/Title: _____ Level: _____

Chapter Affiliation: _____ Recruited By: _____

BIRTHDAY: Month: _____ Day: _____ Tee Shirt Size: _____

Are you interested in serving on a NETWORK Committee?
(Please make your selection below.)

Agenda: _____ Fundraiser: _____ Special Events: _____
Constitution & By-Laws: _____ Membership: _____ Strategic Planning: _____
Finance: _____ Scholarships: _____ Training/Development: _____

Email questions if any to: 1983network@gmail.com

You may pay online or make check payable to NETWORK and return both the application and payment to:

National Treasurer
NETWORK National
PO Box 44711
Washington, DC 20026-4711

Online Payments: Zelle - 917-597-4945
Cashapp - \$Raschell
PayPal - Network National

Please select one: New Application: ___ Renewal: ___