MEMBER'S INFORMATION

_____

Last Name First Middle Initial

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Cell Phone _____

Member's Birth Date _____Letter Carrier Seniority Date_____

Total Postal Service Seniority _____

Are they a Veteran: /___/ Yes /___/ No

Military Time--Years, Month _____

Retirement Computation Date_____

_____

Live Discipline _____

_____

_____

_____

Has the employee had Discipline in the past

_____

_____

_____

_____

Post Office _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____