

MISSISSIPPI FEDS BENEVOLENT ASSOCIATION APPLICATION

Date _____
Month/Day/Year

Name _____ Date of Birth _____
Month/Day/Year

Mailing Address _____
Street/Apartment/POB City State Zip code

Beneficiary _____
NAME (Beneficiary must be an adult member of family or estate)

Relationship: (Check One) Spouse Parent(s) Child, age of child _____

Address of Beneficiary _____
Street/Apartment/POB City State Zip Code

Amount Enclosed: \$12.00 annual membership dues (X)
\$4.00 new member sign-up fee (X)

I declare, on my honor, that I am in good health, under the age of 55 and a member in good standing in Local # _____, City _____,
Or a member-at-large in the MISSISSIPPI POSTAL WORKERS UNION.

Signature _____ **Date** _____

Fill out the application form and mail it to: Sandra F. Spencer
Director, MFBA
1507 Fernwood Dr.
Jackson, MS 39213