

MEMBERSHIP APPLICATION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

FAX _____ Email _____

Number of USPS Leased Facilities Owned _____

Please list all facility locations you own (required)

Membership fee \$75

Check # _____ (payable to AUSPL)

Visa Master Card American Express Discover

Card # _____ Expiration _____

Print Name _____ Date _____

Signature (signed by valid cardholder) _____

Welcome to AUSPL! We're glad to have you!

Please return this form with your check/credit card details to:

**The Association of Postal Office Lessors
1011 Brioso Drive, Ste. 201,
Costa Mesa, CA 92627-4543**