



A NOTE FROM THE TRA STAFF:

Thank you for your interest in our mail/message service. Travelers Remail Association has been serving travelers since 1978 and has a reputation for prompt and accurate service. We look forward to providing a great service to you and your family and wish you the best of travels.

Enclosed you will find our application for membership, along with an information page which describes our services and costs.

In addition you will find a postal form. The U.S. Postal Service requires that we file the enclosed PS1583 form authorizing them to begin delivery of your mail to us. Please complete the form as indicated by the instructions and return it to us with your application and payment (if paying by check).

Please enclose copies of two forms of identification, (one of which must be a picture ID) for each person who will receive mail through TRA.

As soon as your application and payment are received, an account number will be issued to you thus starting your service.

We look forward to serving you and wish you the best of travels.

Sincerely,

Your TRA Staff

TRAVELERS REMAIL ASSOCIATION RATES

Total amount to setup your account	
<i>Cost Breakdown</i>	
One Time Only Set Up Fee <i>non-refundable</i>	\$20.00
Annual Membership Dues <i>non-refundable</i> Automatically renewed annually	\$95.00
Minimum Postage Deposit required:	\$25.00
Total amount to set up your account	140.00
Mail Activity Rates	
USPS Required postage plus	60% Upcharge
Premium Mail Sorting	\$5.00 per month
Messaging Service	\$1.00 per call
Mail Pick Up	\$2.00
Account Cancellations:	30-Day written notice required
Immediate cancellation:	\$30.00 cancellation fee.
Month to month option:	(\$10.00 monthly fee)

Service termination Requirements

- Termination of Service:
- Requires minimum 30 day advance notice to cancel your service.
 - Any unused postage deposit will be refunded within the next 30 days
 Immediate cancellation: \$30.00 cancellation fee.
 All mail will be returned to sender. Any unused postage deposit will be refunded within the next 30 days
 Month to month option: (\$10.00 monthly fee)
 A final forwarding address, Maintain a balance on account This option provides you the opportunity to make your change of address, notify all your contacts and continue to receive your mail without interruption, until all address changes have been made If your account drops to a negative balance, you will be asked to submit funds to cover forwarding costs. After final mailing any unused postage funds will be refunded within 30 days of last mailing.

Travelers Remail Association (TRA) assumes no responsibility for damages or lost mail once your mail your mail has left our premises.



MEMBERSHIP AGREEMENT

Be sure to include your Postal forms and ID copies, and your check to get your account started

Member Information		
Name (primary account holder):		
Primary Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	
Email:		
Additional Names for Mail Acceptance: (include business name if applicable)		
How would you like your mailing label to read? (Ex: Mr. and Mrs. Smith)		
Address to send your New Member Information Packet:		
Emergency contact information:		
Name:	Name:	
Relationship:	Relationship:	
Primary Phone:	Primary Phone:	
Cell Phone:	Cell Phone:	
E-mail	E-mail:	
How did you hear about us?		
_ Member Referral – Please list Name or Acct #		
<input type="checkbox"/> Highways Magazine	<input type="checkbox"/> Internet	
<input type="checkbox"/> Other (please list)		

Mailing Preferences

Registered Mail	Certified Mail	Packages Other Shipments
<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept
<input type="checkbox"/> Decline	<input type="checkbox"/> Decline	<input type="checkbox"/> Decline

Indicate which mail to forward: *additional fees apply

Note: All Government and First Class mail is required to be sent per Postal regulation

<input type="checkbox"/> All Mail	<input type="checkbox"/> First Class Only:*	<input type="checkbox"/> First Class & Magazines*
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First Class and list* (list items below)

All Mail except list:* (list items below)

List Items Here (Include names of magazines, newspapers, newsletters, catalogs and financial mailers.):

Mailing Frequency (Indicate Only One Choice)

Hold Until Further Notice	<input type="checkbox"/> 3X Week- M-W-F	<input type="checkbox"/> 2X Week T & F	<input type="checkbox"/> Daily
Weekly	M T W Th F (circle One)		
Bi-Monthly options	<input type="checkbox"/> 1 st /15 th <input type="checkbox"/> 5 th /20 th		
Monthly Option	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th		
Postcard Notification	<input type="checkbox"/> Send If I Have No Mail		

Privacy Options (Select One)

Standard Release of Information
Allows the release of *information in the event of an emergency.*

The following people only:

Do not release information to anyone except as required by law or postal regulation.
this will prevent releasing information to emergency contacts

BY SIGNING THIS DOCUMENT YOU AGREE TO TRA'S TERMS AND CONDITIONS.

Signature	Signature
Date	Date

INSTRUCTIONS FOR FORM 1583

Each addressee must complete a PS1583 in duplicate in the presence of the agent, and authorized employee or a notary public. A married couple may complete one form together, but both must sign the form, and each must provide two forms of identification.

The agent will then provide the original completed and signed form to the US Post Office and retain the duplicate copy in our office.

Please follow the instructions below:

Box 1: (upper right hand corner): Enter the date you complete this form.

Box 2: Enter name(s) only.

Box 3: We will fill this in with your new address.

Box 4: We will fill in this information also with your new address.

Box 5: You do not need to put anything here.

Box 6: Print your name here.

Box 7(a-e): Enter a physical address here. The local postal authorities said that if you do not have a permanent address, any of the following will suffice:

- Your last permanent address, perhaps the last house you owned.
- An address of a relative.
- Some other physical address where you have been.
- If none of the above, you may write that you are a full-time traveler and have no permanent address.

Box 8: Enter the ID from two types of identification (one **must** contain a photo). You must make a photocopy of the ID and return to us with the form 1583.

** please be sure to blacken any account numbers so they cannot be read.**

Forms of ID Accepted by US Post Office:

Valid Drivers license

Armed Forces Government , University or recognized ID card

Passport

Current Lease, mortgage, or deed of trust

Voter's Registration Card

Home or Vehicle Insurance policy

Social Security or Birth Certificates are not accepted

Box 9-14: Enter all information if you are a business receiving mail here.

Box 15: This document must be notarized. If you complete the form in our office we can sign as the agent, otherwise you must have the form notarized by a licensed notary.

Box 16: Sign the form. If you are a married couple, both must sign.

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.)		
		3b. City	3c. State	3d. ZIP + 4®
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name				
b. Address (No., street, apt./ste. no.)				
c. City	d. State	e. ZIP + 4		
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State	7d. ZIP + 4
a.		7e. Applicant Telephone Number (Include area code)		
b.		9. Name of Firm or Corporation		
		10a. Business Address (No., street, apt./ste. no)		
		10b. City	10c. State	10d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10e. Business Telephone Number (Include area code)		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		11. Type of Business		
13. If a CORPORATION, Give Names and Addresses of Its Officers		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.
