



**National Active and Retired  
Federal Employees Association**  
606 North Washington Street  
Alexandria, Virginia 22314-1914  
(703) 838-7760 • FAX (703) 838-7785

# Changes to LSA Assignments

Submit this form to fedchpsrvcs@narfe.org

## Information and Instructions

LSA means Logistic Support Area. The Logistic Support Area consists of a group of postal ZIP codes that are or have been assigned to each chapter within a federation. Each state federation has the authority to establish and/or change a Logistic Support Area for each chapter within the federation. An individual ZIP code cannot be assigned to more than one chapter.

All changes to LSA assignments should be submitted to NARFE Headquarters on this form or on an attachment to it. Put additions on the front and deletions on the back. Be sure to fill in the applicable chapter number(s) in the spaces provided on both sides of the form—if you use both sides.

**Please use this side for ADDITIONS to LSA of chapters in the \_\_\_\_\_ State Federation.**

**Add 5-digit ZIP codes in the spaces provided below:**

1. _____	21. _____	41. _____
2. _____	22. _____	42. _____
3. _____	23. _____	43. _____
4. _____	24. _____	44. _____
5. _____	25. _____	45. _____
6. _____	26. _____	46. _____
7. _____	27. _____	47. _____
8. _____	28. _____	48. _____
9. _____	29. _____	49. _____
10. _____	30. _____	50. _____
11. _____	31. _____	51. _____
12. _____	32. _____	52. _____
13. _____	33. _____	53. _____
14. _____	34. _____	54. _____
15. _____	35. _____	55. _____
16. _____	36. _____	56. _____
17. _____	37. _____	57. _____
18. _____	38. _____	58. _____
19. _____	39. _____	59. _____
20. _____	40. _____	60. _____

Add the ZIP codes to the following chapters

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

  

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

  

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

  

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

  

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

  

Chapter # \_\_\_\_\_

Lines \_\_\_\_\_ Thru \_\_\_\_\_

Federation President's Name \_\_\_\_\_

Federation President's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form is for NARFE state federation use only. See revers for instructions and deletions.* **TURN OVER**

Please use this side for DELETIONS to LSA of chapters in the \_\_\_\_\_ State Federation.

Delete 5-digit ZIP codes in the spaces provided below:

1. _____	21. _____	41. _____
2. _____	22. _____	42. _____
3. _____	23. _____	43. _____
4. _____	24. _____	44. _____
5. _____	25. _____	45. _____
6. _____	26. _____	46. _____
7. _____	27. _____	47. _____
8. _____	28. _____	48. _____
9. _____	29. _____	49. _____
10. _____	30. _____	50. _____
11. _____	31. _____	51. _____
12. _____	32. _____	52. _____
13. _____	33. _____	53. _____
14. _____	34. _____	54. _____
15. _____	35. _____	55. _____
16. _____	36. _____	56. _____
17. _____	37. _____	57. _____
18. _____	38. _____	58. _____
19. _____	39. _____	59. _____
20. _____	40. _____	60. _____

Delete the ZIP codes to the following chapters

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Chapter # \_\_\_\_\_  
Lines \_\_\_\_\_ Thru \_\_\_\_\_

Federation President's Name \_\_\_\_\_

Federation President's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The information can be submitted by two methods:**

- Scan a copy of this form and email as an attachment to [fedchpsrvcs@narfe.org](mailto:fedchpsrvcs@narfe.org)
- Mail to NARFE ATTN: Governance Department  
606 N. Washington St.  
Alexandria, VA 22314-1914