

PLEASE PRINT AND COMPLETE ALL INFORMATION

UNITED MINE WORKERS OF AMERICA

MEMBERSHIP REPORTING FORM FOR ADDITIONS, CORRECTIONS AND DELETIONS

Form L-004 3 (Rev. 2-05)

DISTRICT NUMBER

LOCAL UNION

USE FOR TRANSFER ONLY

| TRANS. TYPE | LOCAL | NEW SOC. SEC.NO. | OLD SOC. SEC.NO. <small>Use for S.S.N. changes only</small> | LAST NAME | FIRST NAME | M.I. | STREET, RURAL RT., BOX # | CITY | STATE | ZIP or POSTAL CODE | <small>STATUS</small> | EFFECT. DATE | OLD DIST. | OLD LOCAL |
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| ▲ TRANS. CODES: A—ADD NEW MEMBER T—TRANSFER D—DROP C—CHANGE S—SOC. SEC. SOC. INS. CHANGE | *STATUS CODES: 1—ACTIVE 2—CONST 6—DISABLED 7—UNEMPLOYED 8—RETIRED 9—DECEASED | | | |
| REMARKS: | <table style="width: 100%;"> <tr> <td style="width: 60%;">PREPARED BY: _____</td> <td style="width: 20%;">DATE: _____</td> <td style="width: 20%;">PHONE NO: () _____</td> </tr> </table> | PREPARED BY: _____ | DATE: _____ | PHONE NO: () _____ |
| PREPARED BY: _____ | DATE: _____ | PHONE NO: () _____ | | |