

United Mine Workers of America  
Member Refund Request

INSTRUCTIONS: Complete each section below and send this form to:

United Mine Workers of America  
Member Refund Request  
18354 Quantico Gateway Dr, Ste 200  
Triangle, VA 22172

MEMBER INFORMATION:

Local \_\_\_\_\_ District: \_\_\_\_\_ Social Security # \_\_\_\_\_

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

REASON FOR REFUND:

- Member paid twice for same month
- Member paid wrong amount. Amount that should have been paid: \_\_\_\_\_
- Member overpaid initiation fee. Total initiation fee paid: \_\_\_\_\_
- Member died on (date) \_\_\_\_\_
- Other (explain) \_\_\_\_\_

PAYMENT INFORMATION:

Please specify amount of refund and identify the months paid for which the refund is requested:

Month: _____	Yr: _____	Dues Amount: \$ _____	Initiation Amount: \$ _____
_____	Yr: _____	\$ _____	\$ _____
_____	Yr: _____	\$ _____	\$ _____
		Total: \$ _____	Total: \$ _____

Refunds will only be made payable to the Local Union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Union Financial Secretary