



UMWA Associate Membership

The Associate Membership is a way for a surviving spouse, family member or general supporter of the United Mine Workers to become part of the movement to restore fairness, justice and dignity for working families.

Dues Rates:

\$60 per year – check must be submitted with this form.

- Each year, approximately one month before your membership expires, you will be sent a reminder notice.

Or

\$5.00 per month – automatically deducted from pension check.

- This payment will continue to be deducted every month unless a request is put in to stop payment.

Processing normally takes one month.

If you have any questions, please feel free to contact Audrey Medley, at (703) 291-2434.

**Associate Membership gives you access to Union Plus Savings!
Visit UnionPlus.org to find out more!**





United Mine Workers of America

Checkoff Authorization Form Surviving Spouse/Associate Membership

Office Use Only	

New Associate Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____

Do you currently receive a UMW Journal? Yes _____ No _____

Deceased Member Information (If not applicable, leave blank)

Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Effective Date: _____

Checkoff will begin as soon as possible, unless a later date is specified above.

Please sign below if you wish to have monthly deductions from your monthly pension check:

I, the undersigned, do hereby voluntarily authorize and request the Pension Fund to hereafter deduct from my benefit check all the amounts of money due to the United Mine Workers by me as membership dues and to promptly transmit and deliver the same to its duly authorized representative. This assignment, authorization and directive shall continue until such time as I give written notice to the appropriate Pension Fund that I wish to revoke the authorization or until termination, upon reasonable notice, by the Trustees of the Fund.

Date: _____ Your Signature: _____

Please sign below if you wish to become a Yearly Associate Member. Please also include a \$60 check:

Date: _____ Your Signature: _____

This form must be returned to:

**UMWA Associate Membership
18354 Quantico Gateway Drive, Suite 200
Triangle, VA 22172-1779**