

UMWA MEMBERSHIP PIN APPLICATION FORM

I would like to request the following membership pin:

_____ 20 Year Pin
_____ 30 Year Pin
_____ 40 Year Pin

_____ 50 Year Pin
_____ 60 Year Pin
_____ 70 Year Pin

MEMBER NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ LOCAL: _____ DISTRICT: _____

We the below listed officers of the United Mine Workers of America's Local Union _____ in District _____ approve the request of the above-named member to receive the _____ year Membership Pin.

(President)

(Financial Secretary)

SEAL

(International District Vice President)

(Date Received Intl. Dist. V.P.)

(Date Sent to Member)

Please mail pin to:

