## United Mine Workers of America Financial Secretary's Record Card

NAME:ADDRESS:TELEPHONE NUMBER:						EMPLOYEE NO.:  INITIATION FEE: \$  PAID:  MONTH/YEAR														
											MONTH	20	20	20	20	20	20	20	20	20
											JANUARY									
FEBRUARY																				
MARCH																				
APRIL																				
MAY																				
JUNE																				
JULY																				
AUGUST																				
SEPTEMBER																				
OCTOBER																				
NOVEMBER																				

FORM L-014

**DECEMBER** 

☑ = Dues Payroll Deducted Amount = Cash Dues Paid

R = Refund

IF = Initiation Fee Assessment

C = COMPAC

L = Legal

L.U. = Local Union

## United Mine Workers of America Financial Secretary's Record Card

NAME:SOCIAL SECURITY NO: DATE HIRED:						ADMITTED:														
																		□ RE	TIRED	□ DIED
												IN		OUT	□ OTHER:					
MONTH	20	20	20	20	20	20	20	20	20											
JANUARY																				
FEBRUARY																				
MARCH																				
APRIL																				
MAY																				
JUNE																				
JULY																				
AUGUST																				
SEPTEMBER																				
OCTOBER																				
NOVEMBER																				
DECEMBER																				