



United Mine Workers of America

Checkoff Authorization Form Associate Membership

The Associate Membership is a way for a 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.

New Associate Member Information

(This form is NOT for Surviving Spouses of UMWA members)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____ UMWA Affiliation: _____

E-mail Address: _____

Date: _____ Your Signature: _____

If you do not wish to fill out the bank information below, a check can be made out to the United Mine Workers of America and mailed to the address below.

The form/check must be returned to:

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



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(THIS INFORMATION IS REQUIRED IN ORDER TO SIGN YOU UP AS A UMWA MEMBER, IT WILL NOT BE SHARED WITH ANY ENTITY OUTSIDE OF THE UNION.)

Bank Account Information

Bank Name: _____

Account Type: _____ Checking _____ Savings

Name of Account: _____

Routing Number: _____

Account Number: _____

Address on Account: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned, do hereby voluntarily authorize the United Mine Workers of America to debit my account for monies due to the United Mine Workers of America by me in the amount \$60 annually for Associate membership dues. This assignment, authorization, and directive shall be in full force and effect until I authorize the termination of said deductions. I agree and direct that this assignment, authorization, and direction shall be automatically renewed annually unless written notice of cancellation is received by the member.

Date: _____ Your Signature: _____