UMWA MEMBERSHIP PIN APPLICATION FORM

I would like to request the foll	owing membership pin:	
	20 Year Pin 30 Year Pin 40 Year Pin	50 Year Pin 60 Year Pin 70 Year Pin
MEMBER NAME:		SSN:
ADDRESS:		
		ZIP:
TELEPHONE:	LOCAL:	DISTRICT:
		rica's Local Union in District ive 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:		