

APPLICATION FOR UMWA MEMBERSHIP PIN

PLEASE CHECK THE APPROPRIATE YEAR:

20 YR:  30 YR:  40 YR:  50 YR:  60 YR:  70 YR:

I,  (SIGNATURE OF APPLICANT)  (DATE)

REQUEST A MEMBERSHIP PIN:

NAME  SS#   
(PLEASE PRINT)

MAILING ADDRESS  PHONE

CITY  STATE  ZIP

YEAR HIRED:

WE, THE BELOW LISTED OFFICERS OF THE UNITED MINE WORKERS OF AMERICA, LOCAL UNION , DISTRICT , APPROVE THE REQUEST OF THE ABOVE NAMED MEMBER OF THIS LOCAL UNION TO RECEIVE A MEMBERSHIP PIN.

PRESIDENT

SEAL

RECORDING SECRETARY

FINANCIAL SECRETARY

DATE RECEIVED BY DISTRICT

DATE MAILED BY DISTRICT

**\*\* Please return to your Local Union officers \*\***