PLEASE PRINT AND COMPLETE ALL INFORMATION

UNITED MINE WORKERS OF AMERICA
MEMBERSHIP REPORTING FORM FOR ADDITIONS, CORRECTIONS AND DELETIONS

White Copy to: Data Processing Department
United Mine Workers of America
18354 Quantico Gateway Drive
Suite 200, Triangle, VA 22172

Pink Copy—Retained by Local Union

Form L-004 3 (Rev. 2-05)

DISTRICT NUMBER

LOCAL UNION

USE FOR TRANSFER ONLY

TRANS. TYPE ▼	LOCAL	NEW SOC. SEC.NO.	OLD SOC. SEC.NO. Use for S.S.N. changes only	LAST NAME	FIRST NAME	M.I.	STREET, RURAL RT., BOX #	CITY	STATE	ZIP or POSTAL CODE	STATUS *	EFFEC. DATE	OLD DIST.	OLD LOCAL
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▲TRANS. CODES: A—ADD NEW MEMBER T—TRANSFER D—DROP C—CHANGE S—SOC. SEC. SOC. INS. CHANGE

*STATUS CODES: 1—ACTIVE 2—CONST 6—DISABLED 7—UNEMPLOYED 8—RETIRED 9—DECEASED

REMARKS:

PREPARED BY:

DATE

PHONE NO: