**OFFICIAL DUES RECEIPT ISSUED BY LOCAL NO. _____, DISTRICT NO. _____**

**MEMBER RECEIVED FROM** (PRINT)

| LAST NAME | FIRST NAME | M.I. | SOCIAL SECURITY NO. – – |
|---|---|---|---|
| ADDRESS | | | |

| | RECEIVED FOR | AMOUNT | |
|---|---|---|---|
| A | DUES_____MONTH(S) AT $ _____PER MO. | | |
| B | DUES_____MONTH(S) AT $ _____PER MO. | | |
| C | REINSTATEMENT FEE PER LETTER DATED _____ | | |
| D | INITIATION FEE | | |
| E | INTERNATIONAL ASSESSMENTS LEGAL–COMPAC | | |
| F | OTHER ASSESSMENTS–LOCAL | | |
| G | TOTAL RECEIVED | | |

**DUES RECEIVED FOR MONTH(S) OF** (CHECK)

| YEAR | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**STATUS OF MEMBER** (CHECK ONE)

1. ☐ ACTIVE MEMBER
2. ☐ CONSTRUCTION WORKER
3. ☐ EMPLOYED OUTSIDE THE INDUSTRY
4. ☐ OFFICER OR EMPLOYEE OF THE INTERNATIONAL
5. ☐ DISABLED BY SICKNESS OR INJURY
6. ☐ UNEMPLOYED
7. ☐ RETIRED

**RECEIVED BY** (SIGNATURE)

**DATE RECEIVED** – –

**RECEIPT** No.

FORM UMWA–L-100 (2-05)

# UNITED MINE WORKERS OF AMERICA

AFL-CIO/CLC/IBT 46-S

LOCAL UNION COPY