



340 S. Broadway, #100, Lexington, Kentucky 40508-2553 • 859-233-4743

INDIVIDUAL MEMBER MEMBERSHIP APPLICATION

The undersigned, acting for and in behalf of the applicant,

_____ hereby applies for membership in the Kentucky Coal Association, Inc., and states that said applicant qualifies to be classified as an active **Individual Member** by virtue of being directly engaged in the production and/or processing of coal in Kentucky.

The undersigned states that the information contained in the attachments, which are a part of this application, are correct to the best of his knowledge and belief, and that the Kentucky Coal Association, Inc., will be promptly notified of any future changes which would be pertinent to maintaining a proper relationship with the Association.

The undersigned hereby accepts and agrees that the Applicant will abide by the Association's Constitution and By-Laws and any amendment thereto, and hereby acknowledges receipt of a copy of said Constitution and By-Laws in force, as amended, on the date of this application.

Signed at _____, this the _____ day of _____ 2 _____.

By _____

Title _____

APPROVED: _____

By _____

MEMBERSHIP DATA

COMPANY: _____

Operated since (month and year) _____ as: (check one)

- _____ A partnership
- _____ A proprietorship
- _____ A corporation chartered in State of _____
- _____ Other (specify) _____

TYPE OF OPERATION: (check one)

- _____ Produce and process own coal
- _____ Produce, purchase and process coal
- _____ Produce only -- coal processed by others
- _____ Purchase only for processing

MAIN OFFICE: (location, mailing address, telephone and fax numbers)

Street and number _____

Post Office Box number _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

E-Mail address: _____

WEB address: _____

Monthly dues invoices to this address? _____ Yes _____ No

If "no," where? _____

KEY CONTACT: (Person to be contacted on Association matters)

Name _____ Title _____

Telephones: Business (_____) _____ Cell (_____) _____

PRINCIPAL OFFICERS OR OWNERS: (Check if to receive bulletins)

<u>Name & Title</u>	<u>Mailing Address & e-mail address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMPANY OPERATIONS: (List each operation in Kentucky operated under this company's name. If more space is needed, supply same information on separate sheet.)

1. Name and/or number _____
Post Office _____
Rail Shipping Point _____ Railroad _____
Mining methods used: _____ Underground _____ Strip _____ Auger
Superintendent: _____ To get bulletin? _____
Address: _____
e-mail address: _____

2. Name and/or number _____
Post Office _____
Rail Shipping Point _____ Railroad _____
Mining methods used: _____ Underground _____ Strip _____ Auger
Superintendent: _____ To get bulletin? _____
Address: _____
e-mail address: _____

PRODUCTION AND PROCESSING: (Show total tons produced and/or purchased by all company operations during preceding calendar year.)

Produced _____ Purchased _____ Total _____

If in operation less than one year, show estimated tonnage to be produced and/or purchased during first year.

Produced _____ Purchased _____ Total _____

WORKER'S COMPENSATION: (check one) Coverage provided by

_____ Insurance company (name) _____

_____ Self-insurance

OTHER COMPANIES: Are there other mining companies of different names in Kentucky which are affiliated with or owned, operated or controlled by this company or its principal owners? _____ If "no," so state. If "yes," please submit a separate Membership Application and Membership Data form for each company. Additional forms will be provided upon request.