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______________________________

WEB address:__________________________________________________________

   Monthly dues invoices to this address? _____ Yes      _____ No
   If "no," where?_____________________________________________________

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

   Name_____________________________________________________________
   Title_____________________________________________________________
   E-Mail address:_____________________________________________________
   Telephones: Business (____)______________ Cell (____)______________

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

   Name & Title                                      Mailing Address & e-mail address
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
   ____________________________________________  ________________________________
**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.