



Joseph A. Holmes Safety Association
Holmes Mine Rescue Association

Application for Membership

Name: _____ (Individual, Company, or Other Organization)

Address: _____

Telephone: _____

Email Address: _____

Interest Group (please check):

Rescue Team Member (Coal) ____ Rescue Team Member (M/NM) ____

Rescue Trainer (Coal) ____ Rescue Trainer (M/NM) ____

Management (Coal) ____ Management (M/NM) ____

Labor (Coal) ____ Labor (M/NM) ____

Vendor ____

State (Coal) ____ State (M/NM) ____

Federal (Coal) ____ Federal (M/NM) ____

Other _____ (identify affiliation)

Please submit this form to: kravitz.jeffery@dol.gov

or mail this form to:

Secretary, Holmes Mine Rescue Association
P.O. Box 9375 Arlington, VA 22219
(412) 386-6923