MEMBERS REPORT & PROOF OF LABOR

Name:	Membership#	
Address:		
Phone/cell:		
Signature:		
Dates worked:		
Claims worked:		
Type of work on cla	im;(circle one)	
Maintenanceclean	upprospectingot	her-
	ectingMove rocks 01 proximately where on	
UGP#9	<i>UGP#10</i>	UGP#6
UGP#3	UGP#7	UGP#4