



***CWA MEMBERS' RELIEF FUND
STRIKER CERTIFICATION FORM***

Local: _____

Bargaining Unit: _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY # (Last 4 only): _____

PHONE (Home): _____

(Personal Cell): _____

E-Mail (Personal): _____

EMPLOYER: _____

WORKSITE: _____

STEWARD'S NAME: _____

I certify that I am eligible to receive strike benefits under the rules of the Members' Relief Fund. I understand that if I am found ineligible under the rules, I will return any payments I am not entitled to.

Eligibility Verified

Striker's Signature

Date

Original: CWA District Fund Agent
Copy: Local Union