

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

Local _____

Bargaining Unit _____

NAME: _____

ADDRESS: _____ Apt. # _____

City

State

Zip Code

SOCIAL SECURITY#: _____

PHONE (Home): _____ (Cell): _____

E-Mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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