

88 P-22

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