



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

Local:

Bargaining Unit:

NAME:

ADDRESS:

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

DFR-1
(04/16)