

**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