

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

Local \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_

Email: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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