

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

**Local** \_\_\_\_\_

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

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

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

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

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

**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**