



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

Local: 4202

Bargaining Unit: 0615701

NAME:

ADDRESS:

SOCIAL SECURITY #:

PHONE (Home):

(Cell):

E-Mail:

EMPLOYER: AT&T Mobility

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