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
DFR-1	

Original: CWA District Fund Agent

Copy: Local Union

18

February 2002