



***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

Original: CWA District Fund Agent  
Copy: Local Union

**DFR-1**  
(04/16)