CWA MEMBERS' RELIEF FUND
STRIKER CERTIFICATION FORM

Local: CWA 1106

Bargaining Unit_____

Name: _____

Address: _____
(Street) (Apt #)

_____
(City) (State) (Zip code)

Social Security #: _____

Telephone: _____
(Home) (Cell)

E-Mail: _____

Employer: VERIZON

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

RETURN TO:
ANNE HOLLAND
SECRETARY-TREASURER