

CWA MEMBERS' RELIEF FUND STRIKER CERTIFICATION FORM

Local: 1400

Bargaining Unit: AT&T Mobility / PU 0615701

NAME: _____

HOME ADDRESS: _____

SOCIAL SECURITY #: _____ - _____ - _____

HOME PHONE: (_____) _____ - _____

CELL PHONE: (_____) _____ - _____

HOME EMAIL: _____@_____

EMPLOYER: AT&T MOBILITY

WORK LOCATION: _____

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