CWA MEMBERS' RELIEF FUND
STRIKER CERTIFICATION FORM

Local 3204

Bargaining Unit AT&T

NAME: _____

ADDRESS: _____

_____

SOCIAL SECURITY#: XXX-XX- _____

PHONE (Home): _____

E-MAIL: _____

EMPLOYER: _____

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

DFR-1
February 2002

Original: CWA District Fund Agent
Copy: Local Union

Please return form by April 15, 2009.

CWA Local 3204
279 Logan Street, SE
Atlanta, GA 30312
Fax: (404) 688-6236

WDA:pjb
OPEIU #2001
AFL-CIO