DEFENSE FUND CERTIFICATION FORM
FLAT PAYOUT FROM MEMBERS' RELIEF FUND
CWA Local 2100

Bargaining Unit: (Check One) **( ) Verizon ( ) VCSI ( ) AVAYA**
( ) AT&T ( ) Other _____

Name _____

Home Address _____

City_____**State**_____ **Zip**_____

Home # _____ **Work #** _____

PersonalCell # _____ **Cell #** _____

E-Mail _____

Work Location _____ **1st Level Supv.** _____

I certify that I am eligible to receive strike benefits under the rules of the Members' Relief Fund and will serve my strike duty to the satisfaction of the Local. I understand that if I am found ineligible under the rules or fail to serve my strike duty satisfactorily, I will return any payments I am not entitled to.

_____ _____
Strike Duty Verified **Striker's Signature**

_____ _____
Eligibility Verified **Date**

Payment Record

Week Ending	Duty Confirmed	Check Number	Amount	Notes

IN OFFICE INFO.

STRIKE DUTY _____

STEWARD'S NAME_____

STRIKE CAPTAIN'S NAME _____