

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

Bargaining Unit: () AT&T

Name _____

Home Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

SS# _____
 (needed to receive Defense Fund Relief Payment)

Personal Cell # _____ Cell # _____
 (for e-mail blast sent out by Local 2100)

E-Mail _____
 (to receive information (bargaining, workplace information etc. / sent by Local 2100)

Work Location _____ 1st Level Supv. _____

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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 _____

Fax # 410-335-0414