



Strike Hardship Relief Fund Application Form

First name: _____ Last name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Preferred phone: _____ Alternate phone: _____

Secure email: _____ Local #: _____

Amount of your request from the Strike Hardship Relief Fund \$: _____

Reason for applying

Please give us a full and detailed explanation (or you can continue on a separate page if required.)

The Strike Hardship Relief Committee may contact you. Where necessary receipts, invoices or proof of need may be required. To the best of my knowledge, all the information given in this form is true.

Signature of the applicant _____ Date (mm/dd/yyyy) _____

By signing this application, you give consent of your personal information to be discussed with all members of the Strike Hardship Relief Committee.