

Association of Flight Attendants-CWA

Application for Disaster Relief Fund

Name _____ Carrier _____

Active Flight Attendant _____ Retiree _____ Domicile _____

Primary residence address affected by disaster:

Street _____

City _____ State _____ Zip code _____

Telephone number where you can be reached now _____

Alternate telephone number _____

Are you currently living in the residence? Yes _____ No _____

If no, identify an alternate mailing address below where a check from the Disaster Fund can mailed if you are eligible and if funds are available:

Street _____

City _____ State _____ Zip code _____

E-mail address _____ How often are you able to check E-mail? _____

Send application to: Association of Flight Attendants-CWA EAP

501 Third St. NW, 2nd Floor

Washington DC, 20001

Voice: (800) 424-2406

Fax: (202) 434-1411

E-mail: eapassist@afanet.org