

ASSOCIATION OF FLIGHT ATTENDANTS-CWA, AFL-CIO

I have requested that the Association of Flight Attendants-CWA (AFA) provide me with the name(s) of an attorney to contact for assistance with regard to a potential Workers' Compensation claim.

I fully understand that AFA is in no way responsible for the provision or performance of such counsel or for any payments, fees, costs or expenses of any kind I may incur in connection with the provision of services by such counsel. I will assert no claims with regard to such matters against AFA, its officers, representatives or agents.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

F A Name: \_\_\_\_\_ FN \_\_\_\_\_

Please Print

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ DOM: \_\_\_\_\_