

# THIS APPLICATION MUST BE ACCOMPANIED BY THE \$100.00 PROCESSING FEE OR \$10.00 PROCESSING FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.

# Application for Membership in a Local Union of the International Alliance of Theatrical Stage Employees, Moving Picture

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

I hereby make application for membership in Loca				0 , ,
Moving Picture Technicians, Artists and Allied C my application for membership on the following			ries and Canada	a ("the Union"). I base
I,	was horn	on		and presently
(Print or Type Name)	, was some	(Month)	(Day) (Yea	
usaida at				
reside at(Street)	(City)	(State/Provin	ce)	(Zip/Postal Code)
Home Phone	Cell F	Phone		
Email Address		Do you have a Tw	itter account?	Yes No
My Social Security/Insurance Number is				
I am by occupation a		and have wo	rked at the follo	wing employers in the
entertainment industry:				
Presently employed by	as	a		
			(Specify Occupation	
Previously applied for membership in a Local Uni	ion or Department o	f the I.A.T.S.E.? _	, to Lo	cal No.
Was Application rejected? This appli	ication is for Journe	yman or	Apprentice	? (check one)
	DIFDOF			
I, the undersigned, as a condition of my member Picture Technicians, Artists and Allied Crafts of the accept and abide by the provisions of the I.A.T.S hereby express my consent to be governed the	the United States, its E. Constitution and	s Territories and C Bylaws, as now in	Canada, do sole n force and here	mnly pledge myself to after legally amended,
Signature of Applicant		_ Date		, 20
	Initia	tion Fee	Amount	t Paid
(LOCAL SEAL HERE)	This application submitted by Local No			
This is to certify that	having on and the Internati	fully complied vonal Alliance of T	vith the require heatrical Stage	ments as set forth in
Member's Social Security/Insurance Number				
HOCAL SEAL HERE				, President
(LOCAL SEAL HERE)				Secretary

THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.



### International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts

## **MOTION PICTURE STUDIO MECHANICS LOCAL 477**

### **Personal Information**

Name (first, middle, last)		
Street Address		Apartment #
City	State	Zip Code
Email address		
Cell or mobile phone	Other phone	
Date of Birth  Marital Status: Single M	Married	
Emergency Contact:  Name / Relation		Phone
Job Classification 1.		*
Job Classification 2.		*
* Job classifications will be review	red for level of expertise by the Loc	cal 477 Executive Board.
Other I.A.T.S.E. memberships:	number, type, and city	
Are you applying as a Film School Graduate?	of college, university, or technical scho	ol / Date of graduation



### International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts

### **MOTION PICTURE STUDIO MECHANICS LOCAL 477**

4101 Ravenswood Road, Suite 108-109, Fort Lauderdale, Florida 33312

# Authorization for Representation and Designation of Collective Bargaining Representative

Print Full Name	
Address	
Email address:	
Telephone:	
Classification 1.	
Classification 2.	
I hereby authorize the International Alliance of The Picture Technicians, Artists and Allied Crafts of the Canada, AFL-CIO, CLC, and I.A.T.S.E. Local Numpurpose of collective bargaining with all employers fafter the date set forth below on all present and future conclude all agreements respecting wages, hours, a employment without election. I understand that this such time as I revoke it in writing.	United States, its Territories, and aber 477, to represent me for the for whom I may become employed productions, and to negotiate and and other terms and conditions of
Signed:	Date:
Last 4 digits of Social Security Number:	_



### International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts

### **MOTION PICTURE STUDIO MECHANICS LOCAL 477**

4101 Ravenswood Road, Suite 108-109, Fort Lauderdale, Florida 33312

### AUTHORIZATION FOR DUES CHECK OFF

Effective date of hire, I authorize and assign to Motion Picture Studio Mechanics I.A.T.S.E. Local 477 three percent (3%) of all wages to be earned by myself in the jurisdiction of Local 477 as an employee, and direct my employer to deduct said three percent (3%) from my wages and remit to Local 477.

This assignment shall be irrevocable for a period until termination of the applicable collective bargaining agreement.

Employee Name:
ast 4 digits of Social Security No.
Department:
Signature: