



Application for Membership in a Local Union

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 Local No. _____ of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

I, _____, was born on _____ and presently
(Print or Type Name) (Month) (Day) (Year)

reside at _____
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone _____ Cell Phone _____

Email Address _____ Do you have a Twitter account? ____ Yes ____ No

My Social Security/Insurance Number is _____.

I am by occupation a _____ and have worked at the following employers in the
entertainment industry: _____

Presently employed by _____ as a _____
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? _____, to Local No. _____

Was Application rejected? _____. This application is for Journeyman ____ or Apprentice ____? (check one)

PLEDGE

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant _____ Date _____, 20____

Initiation Fee _____ Amount Paid _____

(LOCAL SEAL HERE)

This application submitted by Local No. _____

Secretary _____

This is to certify that _____ has on this _____ day of _____, 20____,
been admitted to membership in Local No. _____ having fully complied with the requirements as set forth in
the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving
Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

Member's Social Security/Insurance Number _____

(LOCAL SEAL HERE)

_____, President

_____, Secretary

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

THIS APPLICATION MUST BE ACTED UPON
WITHIN SIX MONTHS OTHERWISE A NEW
APPLICATION MUST BE SUBMITTED.

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