



Motion Picture Studio Production Technicians  
Local 849 of the I.A.T.S.E.

# Sister Status Application

(All sections of this form must be completed)

Name:		Birth Date:      month      day      year		
Address:		Cell Phone:		
City:		Phone:		
Province:	Postal Code:	E-mail:		
Length of Residency in Maritime Provinces (immediately prior to applying):				
List Union & Guild Affiliations in full:				
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Province:      Class:
Do you own or have easy access to a vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Job Category(ies) Requested ( <b>Choose up to two</b> ):				
<input type="checkbox"/> Animal Wrangler	<input type="checkbox"/> Greens	<input type="checkbox"/> Make-Up	<input type="checkbox"/> Script Supervision	<input type="checkbox"/> Special Effects
<input type="checkbox"/> Costumes	<input type="checkbox"/> Grip	<input type="checkbox"/> Marine	<input type="checkbox"/> Set Construction	<input type="checkbox"/> Transportation
<input type="checkbox"/> Craft Service	<input type="checkbox"/> Hair	<input type="checkbox"/> Props	<input type="checkbox"/> Set Decoration	
<input type="checkbox"/> Diving	<input type="checkbox"/> Lighting	<input type="checkbox"/> Scenic Paint	<input type="checkbox"/> Sound	
In addition to these departments you've chosen, would you like to be added to the General Labour listing?				YES <input type="checkbox"/> NO <input type="checkbox"/>

List 2 references and their contact information:	
Name:	Name:
Phone:	Phone:
E-mail:	E-mail:

The following items must be accompany this registration form:	office use only
1 A current copy of your resume	Received? <input type="checkbox"/>
2 Proof of completion of a recognized WHMIS course	Received? <input type="checkbox"/>
3 Copies of all other licenses and/or certificates that are required to apply in the departments you have chosen	Received? <input type="checkbox"/>
4 A photo or photocopy of your current IATSE Membership Card	Received? <input type="checkbox"/>
5 A Letter of Good Standing from your current Local Office	Received? <input type="checkbox"/>
6 Proof of a completed Set Etiquette Workshop * <small>* If you have taken a course through another organization or IATSE Local or do not have proof of having taken a Set Etiquette Workshop you have the option to complete a form to request a modification of the requirement for the Executive Board to review. You can complete the form after submitting your application here: <a href="http://www.iatse849.com/training/set-etiquette-waiver-form">www.iatse849.com/training/set-etiquette-waiver-form</a></small>	Received? <input type="checkbox"/>

**IN REGISTERING AS A SISTER MEMBER, I ACKNOWLEDGE THE FOLLOWING:**

- That I have read and understand the information related to being a member of IATSE Local 849, including departmental requirements, standard collective agreements and the Code of Conduct.
- That while Local 849 will make best efforts to offer a Set Etiquette Workshop in a timely manner, there may be an indeterminate waiting period before a workshop is scheduled, depending upon availability of instructors and number of participants.
- That registering as a Sister Member does not guarantee work of any kind and that full members of IATSE Local 849 will have priority in the hiring policy

\_\_\_\_\_      \_\_\_\_\_  
Signature of Applicant      Date

Please forward completed form to: [admin@iatse849.com](mailto:admin@iatse849.com)  
617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 | Phone: 902.425.2739