



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

Preliminary Application for Membership

(All sections of this form must be completed)

Name:		Birth Date:		month	day	year		
Address:		Cell Phone:						
City:		Phone:						
Province:	Postal Code:		E-mail:					
List Union & Guild Affiliations in full:			S.I.N.: or include a copy of you VISA/Landed Immigrant Status					
Length of Residency in Maritime Provinces (immediately prior to applying):								
Do you have a valid Driver's License?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Province:		
Do you own or have easy access to a vehicle?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Class:		
Job Category(ies) Requested (you must meet the criteria & hour requirements for all departments selected): <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"/>

Please provide two Emergency Contacts:

Name:	Name:
Phone:	Phone:

The following items must be accompany this application form:		<i>office use only</i>
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 applicable licenses and/or certificates pertaining to the departments you have chosen <small>(These can be found at www.iatse849.com/membership/application)</small>	Received? <input type="checkbox"/>
4	Proof of a completed Set Etiquette Course * <small>* If you have taken a course through another orgnaization or IATSE Local or do not have proof of having taken a Set Etiquette Course 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: www.iatse849.com/training/set-etiquette-waiver-form</small>	Received? <input type="checkbox"/> <hr style="border-top: 1px dashed black;"/> <i>Date Completed</i>
5	A valid piece of photo ID	Received? <input type="checkbox"/>
6	Proof of minimum 6 month residency as specified at www.iatse849.com/membership/application	Received? <input type="checkbox"/>
7	Two letters of reccomendation as specified at www.iatse849.com/membership/application	Received? <input type="checkbox"/>
8	Proof of working a minimum of 360 hours as specified at www.iatse849.com/membership/application Please provide a simple topsheet calculating hours worked.	Received? <input type="checkbox"/>

IN APPLYING FOR MEMBERSHIP WITH IATSE LOCAL 849, I ACKNOWLEDGE THE FOLLOWING:

- That I have read and understand the information included above and on the website: www.iatse849.com/membership/application
- 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 the workshop is made available, depending upon availability of instructors and participants.
- That all of the materials submitted along with the information provided on this form is true and was not falsified in any way
- That applying for membership with IATSE Local 849 does not guarentee work of any kind

Signature of Applicant *Date*

Please mail or e-mail photos or scans of completed forms and accompanying documents to:
admin@iatse849.com | 617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 | Phone: 902.425.2739

Revised: June 2021

(office use only) Date Submitted: month day year