



# 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 your 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:      Class:
Do you own or have easy access to a vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Job Category(ies) Requested ( <b>you must meet the criteria &amp; hour requirements for all departments selected</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"/>

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 <a href="http://www.iatse849.com/membership/application">www.iatse849.com/membership/application</a>)</small>	Received? <input type="checkbox"/>
4	Proof of a completed Set Etiquette Course * <small>* If you have taken a course through another organization 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: <a href="http://www.iatse849.com/training/set-etiquette/set-etiquette-waiver-form">www.iatse849.com/training/set-etiquette/set-etiquette-waiver-form</a></small>	Received? <input type="checkbox"/>  ..... <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 <a href="http://www.iatse849.com/membership/application">www.iatse849.com/membership/application</a>	Received? <input type="checkbox"/>
7	Two letters of recommendation as specified at <a href="http://www.iatse849.com/membership/application">www.iatse849.com/membership/application</a>	Received? <input type="checkbox"/>
8	Proof of working a minimum of 360 hours as specified at <a href="http://www.iatse849.com/membership/application">www.iatse849.com/membership/application</a> <small>Please provide a simple topsheet calculating hours worked.</small>	Received? <input type="checkbox"/>

<b>IN APPLYING FOR MEMBERSHIP WITH IATSE LOCAL 849, I ACKNOWLEDGE THE FOLLOWING:</b>	
1. That I have read and understand the information included above and on the website: <a href="http://www.iatse849.com/membership/application">www.iatse849.com/membership/application</a> 2. 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. 2. That all of the materials submitted along with the information provided on this form is true and was not falsified in any way 3. That applying for membership with IATSE Local 849 does not guarantee work of any kind	
_____ <i>Signature of Applicant</i>	_____ <i>Date</i>

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

(office use only ) Date Submitted:      month      day      year
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