Click here to enter course title

## Presented by IATSE Local Click here to enter local

## Click here to enter course date

## Click here to enter course location

### Click here to enter course description and instructor information

Please fill out the entire application. Blank fields delay processing. Email your application to Local Click here to enter local at: Click here to enter email address. You will receive a confirmation email if there is space available. Otherwise, you will be placed on the wait list. Walk-ins will not be admitted.

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| --- | --- | --- | --- | --- | --- | --- |
| GENERAL INFORMATION | | | | | | |
| LAST  NAME | | FIRST  NAME | | DATE OF  BIRTH | | |
| STREET ADDRESS CITY STATE ZIP CODE  MAILING  ADDRESS | | | | | | |
| EMAIL | | | | | PHONE | |
| JOB INFORMATION | | | | | | |
| IATSE UNION MEMBER | ☐ YES ☐ NO | | NON-MEMBER WORKING UNDER IATSE AGREEMENT | | | ☐ YES ☐ NO |
| IATSE LOCAL # | | | PRIMARY JOB  CLASSIFICATION | | | |
| CERTIFICATION | | | | | | |
| *I certify that all the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the IATSE Training Trust may share my name and contact information with my local union, employer and the instructor, school, educational vendor or training institution in order to verify my eligibility and enrollment status. Any photographs taken at this course with my image may be used in IATSE and IATSE TTF materials.* | | | | | | |
| APPLICANT  SIGNATURE | | | | | TODAY’S DATE | |