

ESTA TECHNICAL STANDARDS PROGRAM MEMBERSHIP REIMBURSEMENT APPLICATION

You must be an IATSE TTF Beneficiary to be eligible for this program. A TTF Beneficiary is an individual who is an active IATSE member or is working under an IATSE agreement.

Your ESTA TSP membership application date must fall within the calendar year or within six months of the date of your reimbursement application. Email your application to funding@iatsetrainingtrust.org and include a copy of your ESTA TSP membership and receipt. Proof of membership must be in the form of a scanned or clearly photographed official ESTA TSP membership application. Proof of payment must be in the form of an official receipt from ESTA and must clearly reference payment for the applicant's fees.

GENERAL INFORMATION							
LAST FIRST NAME NAME				DATE OF BIRTH	V	IM/DD/YY	
MAILING STREET ADDRESS ADDRESS		CITY			STATE ZIP COD	E COUNTRY	
EMAIL				PHONE			
JOB INFORMATION							
IATSE UNION MEMBER O YES O NO	NON-MEMBER WORKING UNDER IATSE AGREEMENT O YES NO						
IATSE LOCAL #		PRIMARY JO CLASSIFICAT					
WORKING GROUP DETAILS							
○ Control Protocols ○ Event Safety	O Fog & Sn	noke	O Ph	otometrics	○ Sta	ige Machinei	ry
Electrical Power Floors	O Followsp	ot Position	○ Rig	gging	O We	eapons Safet	У
MEMBERSHIP APPLICATION DATE	MEMBERSHIP APPLICATION	ATTACHED	O YES	O NO	RECEIPT (ATTACHED	YES O	NO
DID YOU PAY FOR THE FULL OYES NO	TOTAL REIMBURSEMENT AMOUNT REQUESTED						
SELECT REIMBURSEMENT CURRENCY							
LINKEDIN LEARNING SUBSCRIPTION NEWSLET				R SUBSCRIPTION			
O CHECK HERE FOR A FREE LINKEDIN LEARNING SUBS	○ CHECK HERE TO SUBSCRIBE TO THE TTF NEWSLETTER						
CERTIFICATION							
I certify that I paid for the membership fee for which I am seeking reimbursement. I also certify that I have not been reimbursed from any other source for the membership fee reimbursement I now request. If another source is making partial reimbursement, proof of the amount of that reimbursement is being provided from that source. I also understand the IATSE TTF will share my name, email, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.							
APPLICANT SIGNATURE	TODAY'S DATE						
These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.							
IATSE TTF USE ONLY O MPT O SLE O TS O SB O M O MM							