

**I. A.T.S.E. OFFICER INSTITUTE APPLICATION**  
**December 6 – 10, 2021**  
**Astoria, New York**  
**FOR U.S. LOCALS ONLY**



*Applications must be submitted to the I.A.T.S.E. Education Department at least 3 weeks prior to the beginning of the 5-day course.*

**PARTICIPANTS ARE REQUIRED TO ATTEND ALL CLASSES TO GRADUATE AND TO RECEIVE THEIR DIPLOMA.**  
**PLEASE PRINT LEGIBLY**

1. APPLICANT				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:			JACKET SIZE Women's S M L XL Men's M L XL 2XL __XL	
STREET ADDRESS			HOME PHONE ____-____-____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE: ____-____-____	
EMAIL ADDRESS (please print)			CELL PHONE ____-____-____	
SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE: FACEBOOK _____ TWITTER _____ INSTAGRAM _____				
3. LOCAL UNION INFORMATION				
LOCAL NUMBER	LOCAL UNION CITY/ STATE	POSITION AT LOCAL	HOW LONG IN CURRENT OFFICE	
OTHER UNION POSITIONS PREVIOUSLY HELD:				
4. APPLICANT SIGNATURE				
I certify that all the information on this form is true and complete to the best of my knowledge. I agree that the I.A.T.S.E. can share my name with its General Executive Board and with any local union. I consent to the use by I.A.T.S.E. of my name or likeness to promote or publicize the I.A.T.S.E. (whether in print or electronic form or otherwise). I hereby release I.A.T.S.E. from any and all liability for using my name or likeness and waive all claims against I.A.T.S.E. arising from the use of such information. I also hereby grant a license to I.A.T.S.E. to use my name or likeness and expressly disclaim all rights to all value and benefit(s) I.A.T.S.E. may gain through the use of such information.				
SIGNED			DATE	
5. AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD				
I certify that I.A.T.S.E. LOCAL _____ endorses the enrollment of the above named applicant in the I.A.T.S.E. Officer Institute.				
SIGNED			DATE	
TITLE				
FOR I.A.T.S.E. EDUCATION DEPARTMENT USE				
APPLICATION RECEIVED	STATUS AND NOTIFICATION		INITIALS	

**Return Completed Application via Email or Mail to:**  
**I.A.T.S.E. Officer Institute, 207 West 25th Street, Fourth Floor, New York, NY 10001**  
**Email: [officerinstitute@iatse.net](mailto:officerinstitute@iatse.net)**  
**Facebook: @iatse Twitter: @iatse**