

WEINGARTEN RIGHTS

BEING THE CHANGE: INCLUSIVITY IN OUR UNIONS & WORKPLACES

Puerto Rico | January 28 – January 29, 2022

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

PARTICIPANTS MUST ATTEND THE COURSE/S IN WHICH THEY ARE ENROLLED IN THEIR ENTIRETY TO GRADUATE AND TO RECEIVE THEIR CERTIFICATE FOR THAT COURSE.

PLEASE PRINT LEGIBLY

1. APPLICANT				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:			CELL PHONE ____-____-____	
STREET ADDRESS			HOME PHONE ____-____-____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE: ____-____-____	
EMAIL ADDRESS (please print)				
SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE: FACEBOOK TWITTER INSTAGRAM				
2. CHOOSE ONE: COURSES OCCUR SIMULTANEOUSLY				
CLASSES WILL BE HELD FOLLOWING THE GENERAL EXECUTIVE BOARD MEETING, BEGINNING MID-DAY ON FRIDAY, JANUARY 28, 2022 AND ENDING AT APPROXIMATELY 6 P.M. ON SATURDAY, JANUARY 29, 2022				
<input type="checkbox"/> Weingarten Rights (U.S. Locals only)		<input type="checkbox"/> Being the Change: Inclusivity in Our Unions & Workplaces (Both U.S. and Canadian Locals)		
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 Facebook/Twitter: @iatse