

I. A.T.S.E. OFFICER INSTITUTE APPLICATION 2023

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 | |
| 2. IATSE OFFICER INSTITUTE (CHOOSE ONE) | | | | |
| <input type="checkbox"/> SAN DIEGO, CA FEBRUARY 13 – 17, 2023 FOR U.S. AND CANADIAN LOCALS | | <input type="checkbox"/> TORONTO, ON OCTOBER 16 - 20, 2023 FOR CANADIAN AND U.S. 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: @iatse Twitter: @iatse