

IATSE OFFICER INSTITUTE APPLICATION 2023

Applications must be submitted to the IATSE Education Department at least 3 weeks prior to the beginning of the 5-day course. The IATSE International reserves the right to accept or reject all applications. There is a limit of 2 students per local for each session.

**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"/> 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 IATSE can share my name with its General Executive Board and with any local union. I consent to the use by IATSE of my name or likeness to promote or publicize the IATSE (whether in print or electronic form or otherwise). I hereby release IATSE from any and all liability for using my name or likeness and waive all claims against IATSE arising from the use of such information. I also hereby grant a license to IATSE to use my name or likeness and expressly disclaim all rights to all value and benefit(s) IATSE may gain through the use of such information.				
SIGNED			DATE	
5. AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD – THE IATSE WILL VERIFY YOUR APPLICATION WITH YOUR LOCAL.				
I certify that IATSE LOCAL _____ endorses the enrollment of the above named applicant in the IATSE Officer Institute.				
SIGNED			DATE	
TITLE		EMAIL		
FOR IATSE EDUCATION DEPARTMENT USE				
APPLICATION RECEIVED	STATUS AND NOTIFICATION		INITIALS	

Return Completed Application via Email or Mail to:
IATSE Officer Institute, 207 West 25th Street, Fourth Floor, New York, NY 10001
Email: officerinstitute@iatse.net