

# I. A.T.S.E. Local Union Trustee Training

April 18 - 19, 2024 | New York, NY

You **MUST CURRENTLY HOLD OFFICE AS A TRUSTEE** in your Local Union to attend this training. One application may be submitted for up to three trustees per Local. You may also submit a separate application for each trustee if that is more practical. Prior attendance at IATSE Officer Institute is NOT required for this class. Preference will be given to Local Unions who can send more than one Trustee to this training. Space for this class is limited. Locals are encouraged to apply early.

The IATSE International reserves the right to accept or reject all applications.

Participants are required to attend all classes to graduate and to receive their certificate.

AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD:		
LOCAL NUMBER	LOCAL UNION OFFICE PHONE	LOCAL UNION CITY, STATE
I certify that I.A.T.S.E. LOCAL _____ endorses the enrollment of the applicants listed below in the I.A.T.S.E. Local Union Trustee Training.		
SIGNED		DATE
TITLE		
APPLICANT NUMBER 1:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:		NICKNAME/NAME YOU WOULD LIKE ON TABLE TENT/NAME BADGE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS (please print)		SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE:
APPLICANT NUMBER 2:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:		NICKNAME/NAME YOU WOULD LIKE ON TABLE TENT/NAME BADGE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS (please print)		SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE:
APPLICANT NUMBER 3:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:		NICKNAME/NAME YOU WOULD LIKE ON TABLE TENT/NAME BADGE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS (please print)		SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE:
AUTHORIZATION FROM APPLICANTS: THE IATSE WILL VERIFY YOUR APPLICATION WITH YOUR LOCAL.		
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.		
APPLICANT NUMBER 1 SIGNED		DATE
APPLICANT NUMBER 2 SIGNED		DATE
APPLICANT NUMBER 3 SIGNED		DATE
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**