

I. A.T.S.E. OFFICER INSTITUTE APPLICATION 2024

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 (Circle One)	
NAME AS YOU WISH IT TO APPEAR ON NAME BADGE/TABLE TENT:		Women's S M L XL	
STREET ADDRESS		HOME PHONE _____-_____-_____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE: _____-_____-_____
EMAIL ADDRESS (please print)		CELL PHONE _____-_____-_____	
2. IATSE OFFICER INSTITUTE (CHOOSE ONE)			
<input type="checkbox"/> CHICAGO, IL JUNE 17 - 21, 2024 FOR U.S. AND CANADIAN LOCALS		<input type="checkbox"/> LOS ANGELES, CA NOVEMBER 11 - 15, 2024 FOR 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: @iatse Twitter: @iatse