

# I.A.T.S.E. ADVANCED OFFICER INSTITUTE 2.0 FOR SECRETARY-TREASURERS

## October 15 - 17, 2025 | New York, NY

### FOR U.S. AND CANADIAN LOCALS

PRE-REQUISITE SECRETARY-TREASURER 2.0: You must currently hold office in your local union as Secretary or Treasurer OR (regardless of office) be a graduate of a prior IATSE Officer Institute 1.0, held in Philadelphia, Chicago (2014 or 2024), Los Angeles (2014 or 2024), Calgary, New York City, Atlanta (2015, 2018, or 2024), Las Vegas, Toronto (2015, 2018, or 2024), Cambridge (2016 or 2025), Austin, Vancouver, Linthicum Heights, MD (2017 or 2024), Denver, Orlando, Nashville, San Francisco, Minneapolis, Phoenix, Astoria, NY, Cleveland, or San Diego.

**APPLICATIONS MUST BE SUBMITTED TO THE I.A.T.S.E. EDUCATION DEPARTMENT AT LEAST 3 WEEKS PRIOR TO THE BEGINNING OF COURSE. PARTICIPANTS ARE REQUIRED TO ATTEND ALL CLASSES TO RECEIVE THEIR CERTIFICATE.**

APPLICATION				
PLEASE PRINT LEGIBLY				
<b>1. APPLICANT</b>				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, IF DIFFERENT FROM ABOVE:				
NAME AS YOU WISH IT TO APPEAR ON NAME BADGE/TABLE TENT:				
STREET ADDRESS			HOME PHONE	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE	
EMAIL ADDRESS (PLEASE PRINT)			CELL PHONE	
<b>2. LOCAL UNION INFORMATION</b>				
LOCAL NUMBER	LOCAL UNION CITY/STATE	POSITION AT LOCAL	HOW LONG IN CURRENT OFFICE	
OTHER UNION POSITIONS PREVIOUSLY HELD:				
<b>3. APPLICANT SIGNATURE</b>				
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	
<b>4. AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD:</b>				
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 2.0.				
SIGNED			DATE	
TITLE				
<b>FOR I.A.T.S.E. EDUCATION DEPARTMENT USE</b>				
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***