



**THEATRICAL STAGE EMPLOYEES  
I.A.T.S.E. Local #919**



*International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of  
the United States and Canada, AFL-CIO, CLC*

**APPLICATION MATERIALS  
CHECKLIST**

Be absolutely certain that all materials are completed and all required documents and monies are included in this application packet. Return this checklist – *signed by one of your sponsors* – with your completed application. The Required Calls / Workshop Form is to be retained by the applicant and returned to a sponsor once completed.

- IATSE Application Form
- Pledge Card
- Census Card
- Personal Information Sheet
- Authorization for Representation Form
- Work Dues Authorization Form
- Sponsor Form #1
- Sponsor Form #2
- W-4 Form (*applicant provides*)
- I-9 Verification of Employment Eligibility Form (*applicant provides*)
- Proof of Residency (*applicant provides*)
- Letter of Recommendation #1 (*applicant provides*)
- Letter of Recommendation #2 (*applicant provides*)
- Letter of Recommendation #3 (*applicant provides*)
- Resume (*applicant provides*)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date



## THEATRICAL STAGE EMPLOYEES I.A.T.S.E. Local #919

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### Applying to IATSE Local 919

Please read this document carefully **before** filling out any application materials.

#### **Introduction**

IATSE Local 919 was chartered in 1983. Its geographic jurisdiction is the state of Vermont and Hanover/Lebanon, New Hampshire.

Local 919 has numerous expenses that are paid for through dues, work assessments, and your initiation fee. These funds are necessary to keep the local up and running, including the costs inherent in running a “hiring hall” union, officer salaries, legal fees, printing/ mailing costs, communications, office and travel expenses, and dues for membership in the Vermont AFL/CIO. *Please note that \$50.00 of your \$70.00 quarterly dues goes directly to the IATSE International Office in New York.*

**Quarterly Dues are payable on the 1<sup>st</sup> of each quarter (January, April, July, October). It is the policy of this local that a member who is sixty (60) days or more in arrears will lose all privileges of “good standing” and that a member six (6) months or more in arrears will be subject to expulsion.**

*Refer to: Payment, Lateness of Union Dues, and Expulsion Policy (12/11/06), Local 919 Constitution, Article X “Good Standing”.*

We are organized as a union in order to retain the power to bargain effectively with our employers over wages, working conditions, and benefits. Above all, the union is about fairness – fairness for you, your sisters and brothers in the union, and our employers. As with all unions, Local 919 sets working conditions and employment standards for the protection of all of our members. *As members we pledge to not accept employment below union “scale” or working conditions.*

#### **STEP ONE – Complete all of the application forms / documents**

##### 1. IATSE Application

Complete the application down to and including the “Signature of the Applicant” located in the middle of the page.

**Do Not** fill in the “Dated At” line or the stub at the bottom of the form.

After consulting with your sponsor(s) please indicate (immediately below the “Dated At” line) whether your application is for apprentice or journeyman status.

Please be sure that both original and duplicate copies of the application are complete. List **only** employment in the entertainment industry, such as “stagehand” or “stage technician” etc., not other employment such as “waitperson” or “diesel mechanic.”

2. Personal Information Sheet
3. Authorization for Representation
4. Authorization for Work Dues Deduction of 5% of gross wages.
5. Two (2) completed Sponsor Forms
6. Census Card

### **STEP TWO – Include your filing fees**

The following fees must be paid in full prior to the application being processed.

- 1. Application processing fee** **\$100.00**  
*Non-refundable once the application has been sent to the IATSE International Office.*
- 2. Initiation fee** **\$200.00**  
*Refunded should you not achieve Journeyman status within three (3) years.*

Your first quarterly dues payment is payable in the first 30 days following your acceptance and we strongly encourage you to submit it with your application. You are liable for quarterly dues in the quarter your application is approved by the International, generally 3-6 weeks after acceptance by the Local.

- 3. Current Quarterly Dues** **\$70.00**  
*A quarter is a three (3) month period (e.g. January-March), thus dues for the entire year are \$280.00.*

### **STEP THREE – Include with your application**

1. A verifiable **resume**
2. Three (3) **signed letters of recommendation.** Four (4) are required for a Journeyman applicant.
3. A copy of a document that **verifies your permanent residence** within the geographic jurisdiction of Local 919. (Vermont or Hanover/Lebanon, New Hampshire) (ex: Copy of Driver’s License or utility bill.)
4. W-4 and I-9 forms.

### **STEP FOUR**

Once you have completed *steps one through three* in full, return the application materials to one of your sponsors who will check them for accuracy and completeness and forward them to the Chairman of Local 919’s Membership Committee who will present your application at a regularly scheduled meeting of the Local.

If you have questions or concerns, please contact your sponsor(s). If not satisfactory, you may contact the Local 919’s Secretary-Treasurer at [sec.local919@gmail.com](mailto:sec.local919@gmail.com) or 802.448.0636.



# Application for Membership in a Local Union

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

I hereby make application for membership in Local No. \_\_\_\_\_ of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

I, \_\_\_\_\_, was born on \_\_\_\_\_ and presently  
(Print or Type Name) (Month) (Day) (Year)

reside at \_\_\_\_\_,  
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Do you have a Twitter account? \_\_\_\_ Yes \_\_\_\_ No

My Social Security/Insurance Number is \_\_\_\_\_.

I am by occupation a \_\_\_\_\_ and have worked at the following employers in the entertainment industry: \_\_\_\_\_

Presently employed by \_\_\_\_\_ as a \_\_\_\_\_  
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? \_\_\_\_\_, to Local No. \_\_\_\_\_

Was Application rejected? \_\_\_\_\_. This application is for Journeyman \_\_\_\_ or Apprentice \_\_\_\_? (check one)

### PLEDGE

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

Initiation Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_

(LOCAL SEAL HERE)

This application submitted by Local No. \_\_\_\_\_

Secretary \_\_\_\_\_

This is to certify that \_\_\_\_\_ has on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, been admitted to membership in Local No. \_\_\_\_\_ having fully complied with the requirements as set forth in the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

Member's Social Security/Insurance Number \_\_\_\_\_

(LOCAL SEAL HERE)

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

**THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.**

THIS APPLICATION MUST BE ACTED UPON WITHIN SIX MONTHS OTHERWISE A NEW APPLICATION MUST BE SUBMITTED.

THIS APPLICATION MUST BE ACCOMPANIED BY THE \$100.00 PROCESSING FEE OR \$10.00 PROCESSING FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.

I.A.T.S.E. National Benefit Funds  
 417 Fifth Avenue, 3<sup>rd</sup> Floor  
 New York, NY 10016-2204

**CHANGE OF ADDRESS / CENSUS CARD**

Please complete the information requested below so that we may update our records. To validate this information, **your signature is required**. For your protection, always report address changes immediately. PLEASE PRINT:

**Participant Information**

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	
_____		_____		_____	
<u>Street Address</u>		<u>Apt/Unit #</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____		_____	_____	_____	_____
<u>Participant SSN (required):</u> _____ / _____ / _____			<u>Participant ID Number:</u> _____ (if known)		
Date of Birth: _____ / _____ / _____			Country of Residence: _____		

The address above is (check one):

- My new primary home address
- My secondary home address
- A summer/vacation home address
- Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_

**Dependent Information:**

Spouse/Domestic Partner Name: \_\_\_\_\_ Sex (Circle) M/F

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child Name \_\_\_\_\_ Sex M/F Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Child Name \_\_\_\_\_ Sex M/F Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Child Name \_\_\_\_\_ Sex M/F Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

**\*Please note that a copy of your marriage certificate/domestic partner paperwork and dependent birth certificate(s) are required to be on file if you are enrolled in family coverage or submitting claims through MRP.**

**Participant Signature (required)** \_\_\_\_\_

Please return completed form via e-mail to [participantservicescenter@iatsenbf.org](mailto:participantservicescenter@iatsenbf.org), or via fax to 646-783-7650 / 212-730-7706 or mail to the address above, attention Support Services.



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**PERSONAL INFORMATION SHEET**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (Apt. #)

\_\_\_\_\_ (City) (State) (Zip)

Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Sponsors 1. \_\_\_\_\_ 2. \_\_\_\_\_

List two departments in which you have experience\*

1. \_\_\_\_\_ 2. \_\_\_\_\_

\* Example: Carpentry, Electrics, Props, Sound, Projection, Rigging, Wardrobe, Other (specify)

**Other Union Affiliation**

Local # \_\_\_\_\_ Name of Union \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Initiation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**AUTHORIZATION FOR REPRESENTATION**

I, the undersigned, authorize the International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada, AFL-CIO-CLC to represent me for the purpose of collective bargaining and to negotiate and conclude all agreements respecting wages, hours, and other terms and conditions of employment. I understand that the authorization can be used by the Union to obtain recognition from my employer without an election.

**Print Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Number) (Street) (Apt#)

\_\_\_\_\_  
(City) (State) (Zip)

**\*Employer** \_\_\_\_\_

**\*Date** \_\_\_\_\_

\* Leave these two lines blank. They will be completed as needed.



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**WORK DUES AUTHORIZATION**

Effective immediately, the undersigned assigns to I.A.T.S.E., Local 919, Burlington, Vermont five percent (5%) of all wages earned by him/her as an employee, and authorizes and directs his/her employer to deduce such five percent (5%) from his/her wages as work dues and to remit the same amount to the said Union. This assignment shall be irrevocable for a period consisting of either one year or until the termination of the applicable collective bargaining agreements, whichever is sooner. This assignment will be automatically renewed, with the same conditions, for a successive like period unless cancelled by the undersigned not more than twenty (20) nor less than ten (10) days before the expiration of such period.

**Print Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Signature** \_\_\_\_\_

**Soc. Sec #** \_\_\_\_\_

**Date** \_\_\_\_\_





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**MEMBERSHIP COMMITTEE**

**Verification of Sponsorship Form**

Responsibilities of Sponsorship

I \_\_\_\_\_ agree to perform the following:

To sponsor \_\_\_\_\_ for membership into Local 919.

To collect and evaluate applicant's materials and, when they are complete, forward them to either the Secretary-Treasurer of Local 919 or Chair of the Membership Committee.

To guide and advise (and teach) the applicant in the development of stagehand skills during the apprenticeship period.

To act as a big sister or brother on work calls.

To guide and assist the applicant so as to ensure sufficient training and work experience in all departments.

To introduce the applicant to members of Local 919 to help make sure enough members know the applicant's work so that they will vote positively upon the applicant's membership.

To be present at the meetings at which the applicant will be discussed by the membership.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



# THEATRICAL STAGE EMPLOYEES



## I.A.T.S.E. Local #919

### REQUIRED APPRENTICE WORK CALLS AND WORKSHOPS

Apprentice Name

Sponsor Name

Required By Date

*(3 years from date of acceptance)*

Sponsor Name

**WORKSHOP**

**DATE**

**INSTRUCTOR SIGN-OFF**

1.		
2.		
3.		

**WORK CALLS**

**DATE**

**SHOW**

**BIG SISTER/  
BROTHER**

**STEWARDS  
SIGN-OFF**

Rock & Roll 1				
Rock & Roll 2				
Electrics- B/T - Focus				
Electrics- B/T - Patch				
Electrics- Local Lights				
Electrics- Local (Show)				
Carpentry- Rail				
Carpentry- Deck				
Carpentry- Rail (Heavy)				
Carpentry- Deck (Heavy)				
Properties- Ballet				
Properties- Theatre				
Wardrobe				
Sound				
Industrial				
Orchestra				