

I. A.T.S.E. OFFICER INSTITUTE APPLICATION 2018

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 CERTIFICATION.

PLEASE PRINT LEGIBLY

1. APPLICANT				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH TO APPEAR ON DIPLOMA, if different from above:			JACKET SIZE Women's S M L XL Men's M L XL	
STREET ADDRESS			HOME PHONE _____-_____-_____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE: _____-_____-_____	
CELL PHONE _____-_____-_____		EMAIL ADDRESS (please print)		
2. IATSE OFFICER INSTITUTE				
<input type="checkbox"/> NASHVILLE, TN FEBRUARY 12 – 16 U.S. ONLY		<input type="checkbox"/> ATLANTA, GA APRIL 30 – MAY 4 U.S. ONLY		<input type="checkbox"/> TORONTO, ONT SEPTEMBER 24 – 28 U.S. & 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 of 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.				
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