I. A.T.S.E. OFFICER INSTITUTE LEADERSHIP DEVELOPMENT WEEK

Maritime Conference Center, Linthicum Heights, MD (near Baltimore)

May 20 – 24, 2019

Applications must be submitted to the I.A.T.S.E. Education Department at least 3 weeks prior to the beginning of the 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:	CELL PHONE
	_____-_____-_____
STREET ADDRESS	HOME PHONE
	_____-_____-_____

CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE:
			_____-_____-_____

EMAIL ADDRESS (please print)

SOCIAL MEDIA HANDLES/USERNAMES, IF APPLICABLE:
FACEBOOK TWITTER INSTAGRAM

2. TAKE ONE, TWO, OR THREE COURSES - CHOOSE NO MORE THAN ONE COURSE FROM EACH CLASS PERIOD.

Class Period 1: Mon. May 20 12pm – 6pm; Tues. May 21 8:30am – 6pm	Class Period 2: Wed. May 22 – 8:30am – 6pm	Class Period 3: Thurs. May 23 – 8:30am – 6pm; Fri. May 24 – 8:30am – 6pm
☐ Negotiations/ Collective Bargaining	☐ Public Speaking and Telling Our Union Story	☐ Labor Law
☐ Local Union Trustee Training	☐ Respectful Local Unions/ Respectful Workplaces	☐ Communications
☐ Internal Organizing		

3. LOCAL UNION INFORMATION

LOCAL NUMBER	LOCAL UNION CITY/ STATE	POSITION AT LOCAL	HOW LONG IN CURRENT OFFICE

OTHER UNION POISITIONS 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/Twitter: @iatse