

# I. A.T.S.E. Local Union Trustee Training

Session (Choose one)

<input type="checkbox"/> <b>New York, NY</b> <b>November 1 – 2, 2018</b>	<input type="checkbox"/> <b>Los Angeles, CA</b> <b>November 29 - 30, 2018</b>	<input type="checkbox"/> <b>Atlanta, GA</b> <b>January 17 - 18, 2019</b>
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- You **MUST CURRENTLY HOLD OFFICE AS A TRUSTEE** in your Local Union to attend this training.
- One application may be submitted for up to three trustees per local. You may also submit a separate application for each trustee if that is more practical.
- Prior attendance at IATSE Officer Institute is **NOT** required for this class.
- Preference will be given to Local Unions who can send more than one Trustee to this training.
- Space for this class is limited. Locals are encouraged to apply early.
- Participants are required to attend all classes to graduate and to receive certification.

**AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD:**

LOCAL NUMBER	LOCAL UNION OFFICE PHONE	LOCAL UNION CITY, STATE
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I certify that I.A.T.S.E. LOCAL \_\_\_\_\_ endorses the enrollment of the applicants listed below in the I.A.T.S.E. Local Union Trustee Training.

SIGNED	DATE
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TITLE
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**APPLICANT NUMBER 1:**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:

HOME PHONE	CELL PHONE	WORK PHONE
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EMAIL ADDRESS (please print)

I certify that I am currently holding office as a Trustee in my local and 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
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**APPLICANT NUMBER 2:**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:

HOME PHONE	CELL PHONE	WORK PHONE
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EMAIL ADDRESS (please print)

I certify that I am currently holding office as a Trustee in my local and 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
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**APPLICANT NUMBER 3:**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:

HOME PHONE	CELL PHONE	WORK PHONE
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EMAIL ADDRESS (please print)

I certify that I am currently holding office as a Trustee in my local and 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
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**FOR I.A.T.S.E. EDUCATION DEPARTMENT USE**

APPLICATION RECEIVED	STATUS AND NOTIFICATION	INITIALS
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***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***