



Motion Picture Studio Production Technicians

LOCAL 849 OF THE I.A.T.S.E.

PRELIMINARY APPLICATION FOR MEMBERSHIP

Name: _____ Phone: _____

Address: _____

Length of Residency in Maritime Provinces (immediately prior to applying): _____

S.I.N. _____ or Copy of VISA/Landed Immigrant Status included _____

List Union and Guild Affiliations in full: _____

E-mail Address: _____

Do you have a valid Driver's License? _____ Province: _____ Class: _____

Department(s) requested: (1) _____ (2) _____

Have you previously applied for membership in this Local? _____ If Yes, give date _____

REFERENCE CONTACT INFORMATION: (*This section must be completed by applicant. The comment, "Refer to Resume", will not be accepted.)

Production Name (Film or Video)	Position / Dept.	# hour	Reference Name	Contact #

This application must be submitted along with an up-to-date resume, copies of all applicable licenses and certifications, no later than 1 week before the ballot goes out at the end of each month. Please refer to the attached information for further details on this process.

Date Submitted _____