



**Motion Picture Studio Production Technicians
Local 849 of the I.A.T.S.E.**

REFERRAL LIST REGISTRATION

(All sections of this form must be completed)

Name: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ Prov. _____ PC: _____ Cell: _____

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

List Union & Guild Affiliations in full: _____

Do you have a valid Driver's License and your own transportation? **Yes No** Prov: _____ Class: _____

Job Category(ies) requested: 1) _____ 2) _____
3) Labourer Listing? **Yes No**

List 3 references and their contact info:

Name:	Phone:
Name:	Phone:
Name:	Phone:

The following items must accompany this registration form:

office use only

1 Up-to-date resume	Received?	
2 Proof of completion of a recognized WHMIS course	Received?	
3 Copies of all other applicable licenses and/or certificates	Received?	
4 NON-REFUNDABLE \$100 Administration Fee	Received?	

IN REGISTERING FOR THE REFERRAL LIST, I ACKNOWLEDGE THE FOLLOWING:

1. That I have read and understand the information included above and in the attached "Information for Referrals Sheet".
2. That while Local 849 will make best efforts to offer a Set Etiquette Workshop in a timely manner, there may be an indeterminate waiting period before the workshop is made available, depending upon availability of instructors and participants.
3. That once registered as a Referral, I will be required to submit a NON-REFUNDABLE ANNUAL ADMINISTRATION FEE OF \$50 to remain on the Referral List. This fee to be submitted no later than the last business day of the calendar year (or postmarked no later than December 31st). Fee to be accompanied by an up-to-date resume. I understand that I will not be sent any reminder that this fee and resume are due - it is my responsibility to remember to fulfill this obligation.
4. I understand that by signing this registration form, I am in no way obligated to continue with the Referral Registration, but that once paid, the \$100 Administration Fee is non-refundable.

Signature of Applicant _____ Date _____

rev. Mar 20 2018