

Transfer Applicant Package



IATSE Local 479
4220 International Pkwy
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T 404-361-5676
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IATSE Local 479 TRANSFER APPLICANT PACKAGE

INDEX

Index.....	2
Application Checklist	3
Membership Information Form -Transfer-.....	4
Department & Crafts List	5
Application Assistance Contacts	6
Acknowledgement of Member Rights and Responsibilities.....	7-8
Member Obligation	9
Payroll Deduction Consent Form	10
Authorization for Representation.....	11

APPLICATION CHECK LIST

Dear Transfer Applicant,

Thank you for your request for a Transfer application to IATSE Local 479. The attached application is your doorway to continued professional growth within the film industry. Currently, Local 479 has more than 7,000 members representing all areas of the film industry. We welcome your expertise into our Local and are looking forward to years of working together.

Required for Transfer in Local 479:

- TRANSFER CARD:** Request this from your current local. They will fill it out and send it to us. A transfer card is valid for 90 days, so all of the requirements listed below must be completed within that time-frame or the transfer card will expire and a new one will need to be requested from your current local.
- TRANSFER MEMBERSHIP INFORMATION FORM:** Complete in its entirety.
- CERTIFICATIONS:** Copy of all certifications required. Example: Paramedic, EMT, Diving, etc.
- MEMBER OBLIGATION:** Complete in its entirety and sign.
- PAYROLL DEDUCTION CONSENT FORM:** Complete in its entirety and sign.
- AUTHORIZATION FOR REPRESENTATION:** Complete in its entirety and sign.
- RESUME:** Your most current copy.
- VEHICLE REGISTRATION:** You must have your vehicle registered in the **State of Georgia** or **State of Alabama** showing **30+ days of residency** in your name and you must provide proof of the registration.
- DRIVER'S LICENSE:** Proof of residency is met with a copy of your **GEORGIA** or **ALABAMA** driver's license showing **30+ days of residency** before this application can be processed.
- VOTER REGISTRATION:** Register to vote in the state of Georgia or Alabama.
- PAYMENT:** You will need to make a payment of **\$700.00 plus the remainder of quarterly dues for the calendar year in which you transfer**. We accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS. We also accept money orders and Checks that should be made out to *IATSE Local 479*. **Your payment is due to process your Transfer Application into Local 479 and payment will be processed immediately.**

We will process your transfer only after the required documents and fees have been received by us and you have completed the New Member Orientation Class and Online Safety Courses.

Again, thank you for your interest in joining Local 479. If you have any question, please feel free to call the office at 404-361-5676.

MEMBERSHIP INFORMATION FORM

- TRANSFER -

Name _____ Social Security _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Secondary Phone # _____ Birth Date _____

Are you a veteran? Yes / No If yes, provide a DD214 with your application to receive a military discount on our fees.

Email _____ Paper Billing - or - Paperless Billing

Emergency Contact Name _____ Phone _____ Relationship _____

Have you ever been a member of any other IATSE Local? Yes / No If yes, Local # _____

Local 479 Member Sponsor's Name _____ Card # _____

Sponsor's Signature _____ Phone _____

DEPARTMENT AND CRAFTS

Main Job Class _____ Second Job Class _____
Select up to 2 Job Classifications from the list on the next page

CERTIFICATIONS

(Any listed certifications must be accompanied by a copy of the current certification card.)

SPECIAL SKILLS

(You may list up to three of the Special Skills from the list on the next page.)

Please list your most recent production experience.

1. _____ 2. _____

3. _____ 4. _____

(Include a current resume detailing your work experience.)



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DEPARTMENT & CRAFTS LIST

<u>ART</u> <ul style="list-style-type: none">- Art Dept. Coordinator- Set Designer- Graphic Artist	<u>PAINT</u> <ul style="list-style-type: none">- Charge Scenic- Scenic Artist- Foreman- Gang Boss- Sign Writer- On-Set Painter- Set Painter- Utility	<u>PROPS</u> <ul style="list-style-type: none">- Prop Master- Asst. Prop Master- Props Person- Armorer- Marine Coordinator- Picture Car Coordinator- On-Set Picture Cars/Boats- Boat Handler	<u>ELECTRICAL</u> <ul style="list-style-type: none">- Gaffer- Best Boy- Lamp Operator- Generator Operator- Dimmer Operator- Electrician	<u>SOUND/VIDEO</u> <ul style="list-style-type: none">- Mixer- Boom Operator- Cableman- 24-Frame Playback- Projectionist- Video Assist- ENG Sound
<u>CONSTRUCTION</u> <ul style="list-style-type: none">- Coordinator- Foreman- Buyer- Gang Boss- Toolman- Propmaker- Model Maker- Welder- Utility	<u>PLASTER</u> <ul style="list-style-type: none">- Foreman- Plasterer	<u>CRAFT SERVICE</u> <ul style="list-style-type: none">- Key Craft Service- Asst. Craft Service	<u>RIGGING</u> <ul style="list-style-type: none">- Key Grip- Gaffer	<u>WARDROBE</u> <ul style="list-style-type: none">- Costume Designer- Supervisor- Key Costumer- Key Set Costumer- Set Costumer- Costumer- Ager/Dyer- Seamstress/Tailor- Buyer
<u>GREENS</u> <ul style="list-style-type: none">- Foreman- Gang Boss- Greensman	<u>SET DECORATING</u> <ul style="list-style-type: none">- Decorator- Leadman- Draper- Dresser- On-Set Dresser- Buyer	<u>GRIP</u> <ul style="list-style-type: none">- Key Grip- Best Boy- Dolly Grip- Grip	<u>SPECIAL EFFECTS</u> <ul style="list-style-type: none">- Coordinator- Foreman- Effects Technician	<u>MISC.</u> <ul style="list-style-type: none">- Medic*- Set Teacher*- Tutor*- Locations

CREDENTIALS LIST

(If you choose one of the crafts above with *, you must have current credentials from the below list.)

Medic

- GA - EMT, EMT-I, EMT-A
- GA - Paramedic
- GA - Cardiac Technician
- GA - Licensed Practical Nurse
- GA - Registered Nurse Level Providers
- GA - Physician's Assistant Level Providers
- GA - MD Level Providers

Set Teacher / Tutor

- GA - State Education Certificate
(CA State Certificate optional)

SPECIAL SKILLS LIST

(You may list up to three of the special skills provided below.)

- Alterations
- Arena Rigging
- Arial Platforms
- CAD
- Genny Operator
- Marksmanship Coach
- Metal Fabrication
- Puppet Fabrication
- Storyboard Artist
- Teleprompter Operator
- Welder

Please reach out to the following staff members for assistance completing your application:

For questions about the local in general, or how to complete your application, contact our Member Services staff member Lajuana Scott.

Email: lscott@iatse479.org

Phone: 404-361-5676, ext. 101

For questions regarding the residency requirements, contact our Director of Membership Kevin Amick.

Email: kamick@iatse479.org

Phone: 404-361-5676, ext. 152

For questions about the mandatory training classes, contact our Education Department.

Email: training@iatse479.org

Phone: 404-361-5676, ext. 153



AKNOWLEDGEMENT OF MEMBER RIGHTS AND RESPONSIBILITIES

(If you have ANY questions regarding any of the below statements, please make sure to address them with a member of Local 479's office staff before submitting your application.)

I, _____, hereby acknowledge that I have been made aware of the following:

1. IATSE Local 479 is a voluntary labor organization that I am freely and voluntarily choosing to join.
2. The Local does not operate a referral hall and does not refer members to jobs. There is no guarantee that I will get a job by becoming a member. The Local's role is to administer and enforce the wages, hours, and terms and conditions of work covered by the IATSE collective bargaining agreements. It is my responsibility to apply for and secure my own work from the industry producers.
3. The Local provides a New Member Orientation class that is available online. It is my responsibility to complete this class before I am eligible to be voted into membership. It is also my responsibility to complete the required Online Safety Courses before my application can be voted on. I understand that, should I fail to complete these requirements within six months of submitting my application, my application will become expired. If my application expires, I will need to start the application process again from the beginning.
4. As a member of the Local, I have taken an oath to promote the hiring of my union brothers and sisters before anyone else.
5. By signing the Local's work dues authorization, I have promised to pay 3% of my gross earnings to the Local from each IATSE-covered job within the Local's jurisdiction. These dues help pay the Local's costs of administering the collective bargaining agreements with the producers. If I have instructed the payroll company to deduct my dues from my weekly paycheck, I still remain responsible for making sure my dues are paid to the Local.
6. By signing this page, I authorize the Local to contact me by phone, SMS text, mail, email, or any combination of these methods. I acknowledge that Local 479 is not responsible for communications that are filtered by my email server, undelivered to due cellular carrier restrictions, or undeliverable by the US Postal service.
7. I am responsible for providing the Local with up-to-date contact information. If I change my contact information for any reason, it is my responsibility to report these changes to the Local. The Local does not assume responsibility for communications that I do not receive due to incorrect contact information.
8. Local 479 is NOT my employer of record and therefore does not have the ability to complete any verification of employment on my behalf. If employment verification is necessary, I should provide contact information for either my current production's office or my current production's payroll office.

AKNOWLEDGEMENT OF MEMBER RIGHTS AND RESPONSIBILITIES

(continued)

9. I have been made aware of the following benefits the Local offers its members:
- Free training opportunities for safety and craft training
 - Access to a fitness center
 - Access to an online portal that contains production contact information and my own account information
 - Assistance from the Local 479 Hardship Committee for personal qualifying hardship situations
 - Short term/long term disability insurance
 - School scholarship opportunities for members and their family
 - Assistance and resources for getting help to overcome all types of addiction or abuse
10. So long as I am a member in good standing of the Local, I have the right to participate in Local meetings, to vote on Local officers, trustees, and delegates, to join Local committees, to participate in Local-sponsored events, to be eligible for Local benefits, including job training, and to receive Local communications.

Having acknowledged the above statements, I willingly submit an application for membership to IATSE Local 479 on this day: ____ / ____ / ____

Signature of Applicant: _____



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MEMBER OBLIGATION

The following obligation is required of new members. You are not bound by these obligations until you are a member of the Local. However, you should read and understand it before applying for membership.

I do solemnly pledge my word of honor to abide by the Constitution and By-Laws of Local 479 of the International Alliance of Theatrical Stage Employees, Moving Pictures Technicians, Artists, and Allied Crafts of the United States, its Territories, and Canada. I further affirm that I will obey the mandates of the AFL-CIO, so long as the International Alliance is a part of that organization. The will of the majority I will always abide by. I will use every honorable means to secure employment for the members of the union. I pledge to keep confidential the work of this body and to do all in my power to discourage and prevent violation of this requirement. Should I fail to keep true this, my solemn obligation, I shall willingly submit to such discipline as my lack of loyalty may bring upon me.

I understand that I am bound to this oath upon acceptance into the Local.

Applicant's Signature: _____

Date: _____



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PAYROLL DEDUCTION CONSENT FORM

Effective from date of hire, I do hereby authorize Studio Mechanics Local 479 IATSE to act for me as my collective bargaining agent in all matters pertaining to minimum wages, terms, conditions, and benefits of my employment.

I hereby assign Studio Mechanics Local 479 IATSE three percent (3%) of all wages earned and to be earned by me as an employee and working under any IATSE collective bargaining agreement with the jurisdiction of Local 479. I authorize and direct my employer to deduct such three percent (3%) from my wages and to remit to Studio Mechanics Local 479 IATSE. I further authorize Studio Mechanics Local 479 IATSE to submit this consent for payroll deduction deposit this authorization with any employer under contract with Studio Mechanics Local 479 IATSE.

This assignment shall be irrevocable for a period beginning one (1) year, and shall be automatically renewed, with the same irrevocability, for a successive like period unless canceled by me in writing not more than thirty (30), nor less than ten (10) days prior to the expiration of such period.

Name (please print): _____

Signature: _____

Date: _____

Social Security #: _____



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AUTHORIZATION OF REPRESENTATION

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO-CLC (IATSE)

Designation of Collective Bargaining Representative

I hereby authorize the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists, and Allies Craft of the United States and Canada, AFL-CIO-CLC (IATSE) and Local 479, IATSE to represent me for the purpose of collective bargaining in matter of wages, hours, and other terms and conditions of employment with my current employer as set forth below as well as all other employers for whom I may become employed after the date set forth below on all present and future job sites. I understand this authorization form may be used to obtain recognition for my current or future employer without election. I further understand that this authorization shall not expire until such time as I revoke it in writing.

Name: _____ SS# _____

Signature: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Place signed: _____ Witness: _____