

# New Applicant Package



**IATSE Local 479**  
**4220 International Pkwy**  
**Suite 100**  
**Atlanta, GA 30354**  
T 404-361-5676  
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# IATSE Local 479 NEW APPLICANT PACKAGE

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Dear Prospective Member:

Here is your application to join IATSE Local 479. We would be delighted to have you as a member!

Local 479 members receive an extraordinary amount of benefits. As a member, you earn the right to help determine our priorities for contracts and working conditions. We partner with the National Benefits Fund (NBF) to provide comprehensive Medical Insurance plans, Annuity plans, and a defined Pension Plan. These plans are employer-contributed, self-directed, and individually maintained between shows. The Medical Insurance plan premiums are often covered entirely by these employer contributions, with minimal out of pocket expense. An employee-contributed 401(k) is also available through the NBF. Other member benefits include free access to safety and craft training classes, production alerts and updates on shows with job availability, and many physical and virtual resources to assist you in both your personal and professional lives.

The voting process for membership generally takes from one to two months. Once you are accepted as a member, you are required to attend a New Member Orientation meeting, where you will be sworn in and receive information about the health insurance and other benefits as well as vital information about how to network and find jobs in the industry. This class is designed to get you started on the right foot learning how to connect with other Local 479 members. However, please be aware that becoming a member of Local 479 does not guarantee you jobs in the film business. The Local is not a hiring hall, and does not provide job placement. It is up to YOU to make connections, build a reputation, and find each job.

Members obligate themselves to a 3% assessment, known as “work dues”, which can be deducted from your weekly paycheck while working on a production. If not deducted you will still be responsible for the 3% owed to Local 479.

Our meetings are bimonthly in the even-numbered months. We’re excited that you want to help us all work together for better working conditions and benefits, and we look forward to having you as a member.

Please fill out the attached application package and return it to the office with your payment and proofs of competency. If you have any questions while going through it, please don’t hesitate to call our office.

We look forward to having you as a member of IATSE Local 479!

In Solidarity,

Raymond Brown, Jr.  
President of IATSE Local 479

# APPLICATION CHECK LIST

The attached application is your doorway to continued professional growth within the film industry. Currently Local 479 has more than 3500 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 to be returned for Application to IATSE Local 479:**

- INTERNATIONAL PLEDGE AND APPLICATION:** Complete in its entirety - Make sure to sign it where indicated
- MEMBERSHIP INFORMATION FORM:** Complete in its entirety. Use the list of Job Classes and Departments that is attached. Please only select only two positions. Have your sponsor fill in necessary information and sign.
- REFERENCE FORMS (4):** Two of your references **MUST** come from a member of Local 479 who is in good standing. The other two references should be someone you've worked with **OTHER THAN** your sponsor. A recent department head or employer is best. Please complete all four forms.
- 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.
- CERTIFICATIONS:** Copy of all certifications required. Example: Paramedic, EMT, Diving, etc.
- RESUME:** Your most current copy. *It must indicate 180 Days of film experience if you join as a Journeyman.*
- LICENSE:** Proof of residency is met with a copy of your driver's license. You **MUST** have permanent residence in Local 479's jurisdiction for **18 months** or more.

**NOTE:** If you have a newly issued license and the issue date is less than 18 months you will need additional proof of 18 months residency. You can show proof of residency a few ways: Copy of a Motor Vehicle Report from the DMV, Vehicle Tag Renewal, Copy of your Federal Tax Return with YOUR name and from the same state as your driver's license.

- PAYMENT:** You will need to make a payment of \$\_\_\_\_\_. (IA processing fee of \$100 (non-refundable) in addition to an initiation Fee of \$1,400.00). **Along with this you also owe for Yearly Dues.**

**\*\*The whole total is due BEFORE we can process your application\*\***

We accept VISA, MASTERCARD, DISCOVER, AMEX, Check or Money order. Checks and Money orders should be made payable to "IATSE Local 479." **Checks will be deposited immediately.**

***Non Journeyman-*** Little or No experience working in the Film Industry

***Journeyman-*** More than around 180 days experience working in the Film Industry

We will accept and process your application only after all the completed required documents and our office has received all fees. **Applications are accepted Monday through Thursday, between the hours of 9AM and 4PM.**  
**No applications will be accepted on Fridays.**

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

**\*\*ALL PRICES ARE SUBJECT TO CHANGE\*\***

# MEMBERSHIP INFORMATION FORM

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Local 479 Member Sponsor's Name \_\_\_\_\_ Card # \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Other Union Membership Past/Present. Local # \_\_\_\_\_

## DEPARTMENT AND CRAFTS

Main Job Class \_\_\_\_\_ Second Job Class \_\_\_\_\_

*Select up to 2 Job Classifications from the list on the next page*

## CERTIFICATIONS

\_\_\_\_\_

*You may choose to list ONE Certification from the list on the next page*

*(If you choose to list one or you have chosen one of the crafts on the "Department & Crafts" list with an \*, you must provide copies of your certification)*

## SPECIAL SKILLS

\_\_\_\_\_

*You may choose to list ONE Special Skills from this list*

Please list your experience. A total of 60 days experience or more, over more than two projects in your main job class is required. *(Use and additional sheet if necessary)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

*(include a current resume detailing work experience)*



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## DEPARTMENT & CRAFTS LIST

You may choose two from this list

<b><u>ART</u></b> Art Dept. Coordinator Set Designer Graphic Artist	<b><u>CONSTRUCTION</u></b> Coordinator Foreman Buyer Gang Boss Toolman Propmaker Model Maker Welder Utility	<b><u>GREENS</u></b> Foreman Gang Boss Greensman	<b><u>PAINT</u></b> Charge Scenic Scenic Artist Foreman Gang Boss Sign Writer On-Set Painter Set Painter Utility	<b><u>SET DECORATING</u></b> Decorator Leadman Draper Dresser On-Set Dresser Buyer
<b><u>CRAFT SERVICE</u></b> Key Craft Service Asst. Craft Service	<b><u>PROPS</u></b> Prop Master Asst. Prop Master Props Person Armorer Marine Coordinator Picture Car Coordinator On-Set Picture Cars/Boats Boat Handler	<b><u>SPECIAL EFFECTS</u></b> Coordinator Foreman Effects Technician	<b><u>GRIP</u></b> Key Grip Best Boy Dolly Grip Grip	<b><u>SOUND/VIDEO</u></b> Mixer Boom Operator Cableman 24-Frame Playback Projectionist Video Assist ENG Sound
<b><u>ELECTRICAL</u></b> Gaffer Best Boy Lamp Operator Generator Operator Dimmer Operator Electrician			<b><u>PLASTER</u></b> Foreman Plasterer	<b><u>MISC</u></b> Medic* Set Teacher* Tutor* Locations
<b><u>RIGGING</u></b> Key Grip Gaffer			<b><u>WARDROBE</u></b> Costume Designer Supervisor Key Costumer Key Set Costumer Set Costumer Costumer Ager/Dryer Seamstress/ Tailor Buyer	

## CERTIFICATIONS LIST

*You may choose to list ONE Certification from this list*

(If you choose one of the crafts above with \* or you choose to list one from this list, you must provide copies of your certification)

Powder Card	Diver
First Aid (RN, EMT, etc.)	Teaching
ESTA	

## SPECIAL SKILLS LIST

*You may choose to list ONE Special Skills from this list*

Arial Platform	Welder
Arc Light Operator	Camera Crane Operator
Moving Light Programmer	Construction Equipment Operator
Pyrotechnics Technician	Hydraulic Effects
Metal Fabrication	Mechanical Effects
Teleprompter	Arena Rigging (high steel)



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## REFERENCE INFORMATION FORM (1)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
(Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (2)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

---

How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
 (Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_





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## REFERENCE INFORMATION FORM (3)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
 (Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (4)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
 (Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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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:** \_\_\_\_\_



# Application for Membership in a Local Union

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

I hereby make application for membership in Local No. \_\_\_\_\_ of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

**THIS APPLICATION MUST BE ACTED UPON WITHIN SIX MONTHS OTHERWISE A NEW APPLICATION MUST BE SUBMITTED.**

**THIS APPLICATION MUST BE ACCOMPANIED BY THE \$100.00 PROCESSING FEE OR \$10.00 PROCESSING FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.**

I, \_\_\_\_\_, was born on \_\_\_\_\_ and presently  
(Print or Type Name) (Month) (Day) (Year)

reside at \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Do you have a Twitter account? Yes No

My Social Security/Insurance Number is \_\_\_\_\_

I am by occupation a \_\_\_\_\_ and have worked at the following employers in the entertainment industry: \_\_\_\_\_

Presently employed by \_\_\_\_\_ as a \_\_\_\_\_  
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? \_\_\_\_\_, to Local No. \_\_\_\_\_

Was Application rejected? \_\_\_\_\_. This application is for Journeyman \_\_\_\_\_ or Apprentice \_\_\_\_\_? (check one)

### PLEDGE

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

Initiation Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_

(LOCAL SEAL HERE)

This application submitted by Local No. \_\_\_\_\_

Secretary \_\_\_\_\_

This is to certify that \_\_\_\_\_ has on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, been admitted to membership in Local No. \_\_\_\_\_ having fully complied with the requirements as set forth in the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

Member's Social Security/Insurance Number \_\_\_\_\_

(LOCAL SEAL HERE)

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

**THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.**