

New Applicant Package



IATSE Local 479
4220 International Pkwy
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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:** All fees associated with submitting applications are due on the day of submission. These fees include: 1) IA processing fee of \$100 (non-refundable), 2) Initiation Fee of \$1,400.00, 3) quarterly stamp dues for the remainder of the calendar year. If application is submitted in the 4th Quarter, then quarterly dues for the following calendar year will also be due.

****All fees must be paid 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. Absolutely NO CASH is accepted or kept on our premises.**

Non Journeyman- Less than 180 days of experience working in the film/television industry

Journeyman- More than 180 days of experience working in the film/television 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 _____

Email _____ Paper Billing - or - Paperless Billing

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 most recent production experience.

1. _____ 2. _____

3. _____ 4. _____

(Include a current resume detailing your work experience.)



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DEPARTMENT & CRAFTS LIST

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

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)

ACKNOWLEDGEMENT 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 at least six New Member Orientation classes each year. It is my responsibility to attend one of these classes as soon as I am able after becoming a member.
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. I am responsible for providing the Local with up-to-date contact information. If I change my residence or 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.
7. The Local is not responsible for emails that are filtered into Spam or Junk by my email server.
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.
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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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?

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.

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?

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.

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?

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.

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?

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.

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.

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.