

# Transfer Application Package



**IATSE Local 479**  
**4220 International Pkwy**  
**Suite 100**  
**Atlanta, GA 30354**  
T 404-361-5676  
F 404-361-5677

# IATSE Local 479 TRANSFER APPLICATION PACKAGE

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## Welcome to IATSE Local 479

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 3,500 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.
- TRANSFER MEMBERSHIP INFORMATION FORM:** Complete in its entirety
- OBLIGATION:** Complete in its entirety
- PAYROLL DEDUCTION CONSENT FORM:** Complete in its entirety
- AUTHORIZATION FOR REPRESENTATION:** Complete in its entirety
- CERTIFICATION:** Copy of all certifications required. *Example:* Paramedic, EMT, Diving, Teacher, Special Effects, etc...
- 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.
- 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
- PAYMENT:** You will need to make a payment of **\$700.00 plus the year of quarterly dues starting in the quarter in which you transfer (Quarterly dues are \$65.00 per individual quarter and \$260.00 for all 4 quarters)**. 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.**

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 \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ 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 an 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

<p><b><u>ART</u></b>          Production Designer          Art Dept. Coordinator          Art Director          Set Designer          Graphic Artist</p> <p><b><u>CRAFT SERVICE</u></b>          Key Craft Service          Asst. Craft Service</p> <p><b><u>ELECTRICAL</u></b>          Gaffer          Best Boy          Lamp Operator          Generator Operator          Dimmer Operator          Electrician</p> <p><b><u>RIGGING</u></b>          Key Grip          Gaffer</p>	<p><b><u>CONSTRUCTION</u></b>          Coordinator          Foreman          Buyer          Gang Boss          Toolman          Propmaker          Model Maker          Welder          Utility</p> <p><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</p>	<p><b><u>GREENS</u></b>          Foreman          Gang Boss          Greensman</p> <p><b><u>SPECIAL EFFECTS</u></b>          Coordinator          Foreman          Effects Technician</p> <p><b><u>GRIP</u></b>          Key Grip          Best Boy          Dolly Grip          Grip</p>	<p><b><u>PAINT</u></b>          Charge Scenic          Scenic Artist          Foreman          Gang Boss          Sign Writer          On-Set Painter          Set Painter          Utility</p> <p><b><u>PLASTER</u></b>          Foreman          Plasterer</p> <p><b><u>WARDROBE</u></b>          Costume Designer          Supervisor          Key Costumer          Key Set Costumer          Set Costumer          Costumer          Ager/Dryer          Seamstress/ Tailor          Buyer</p>	<p><b><u>SET DECORATING</u></b>          Decorator          Leadman          Draper          Dresser          On-Set Dresser          Buyer</p> <p><b><u>SOUND/VIDEO</u></b>          Mixer          Boom Operator          Cableman          24-Frame Playback          Projectionist          Video Assist          ENG Sound</p> <p><b><u>MISC</u></b>          Medic*          Set Teacher*          Tutor*          Locations</p>
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## 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  
 First Aid (RN, EMT, etc.)  
 ESTA

Diver  
 Teaching

## SPECIAL SKILLS LIST

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

Arial Platform  
 Arc Light Operator  
 Moving Light Programmer  
 Pyrotechnics Technician  
 Metal Fabrication  
 Teleprompter

Welder  
 Camera Crane Operator  
 Construction Equipment Operator  
 Hydraulic Effects  
 Mechanical Effects  
 Arena Rigging (high steel)



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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: \_\_\_\_\_

**AUTHORIZATION FOR DEDUCTION OF WORK DUES**

I hereby authorize and direct Producer and its Motion Picture Payroll Services Company (MPPSC) to deduct from my wages each payroll period and remit to IATSE Studio Mechanics Local Union 479 (“Local Union”), an amount equal to the work dues required of members of the Local Union as certified by the Local Union’s Business Representative. This authorization and assignment is voluntarily made in consideration for the cost of representation and collective bargaining and is not contingent upon my present or further membership in the IATSE or Local Union.

This authorization shall be irrevocable for a period of one year from the date signed below, or until the expiration of the collective bargaining agreement between Producer and/or MPPSC and the IATSE or Local Union covering my employment, whichever is sooner, and shall be automatically renewed for successive one-year periods from the date signed below. I can revoke this authorization only by sending written notice to Producer or its MPPSC and to the Local Union not more than 20 days and not less than 10 days either (1) before the expiration of each yearly period or (2) before the expiration of the collective bargaining agreement between Producer and/or its MPPSC and the IATSE or Local Union covering my employment.

The Business Representative of the Local Union is authorized to deposit this authorization with any employer having a collective bargaining agreement with the IATSE or the Local Union and is further authorized to transfer this authorization to any other employer having an agreement with the IATSE or the Local Union in the event that I should change employment. This authorization will remain effective if my employment with Producer and/or its MPPSC is terminated and I am later re-employed by the same Producer and MPPSC or employed by a different Producer and MPPSC under agreement with the Local Union or IATSE that governs my future employment.

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

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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: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Place signed: \_\_\_\_\_ Witness: \_\_\_\_\_