Transfer Application Package

IATSE Local 479
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IATSE Local 479
TRANSFER APPLICATION PACKAGE

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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__________
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 and additional sheet if necessary)

1. _________________________________________________ 2. _________________________________________________

3. _________________________________________________ 4. _________________________________________________

(Include a current resume detailing work experience)
DEPARTMENT & CRAFTS LIST
You may choose two from this list

ART
Production Designer
Art Dept. Coordinator
Art Director
Set Designer
Graphic Artist

CONSTRUCTION
Coordinator
Foreman
Buyer
Gang Boss
Toolman
Propmaker
Model Maker
Welder
Utility

GREENS
Foreman
Gang Boss
Greensman

SPECIAL EFFECTS
Coordinator
Foreman
Effects Technician

PAINT
Charge Scenic
Scenic Artist
Foreman
Gang Boss
Sign Writer
On-Set Painter
Set Painter
Utility

SET DECORATING
Decorator
Leadman
Draper
Dresser
On-Set Dresser
Buyer

SOUND/VIDEO
Mixer
Boom Operator
Cableman
24-Frame Playback
Projectionist
Video Assist
ENG Sound

ELECTRICAL
Gaffer
Best Boy
Lamp Operator
Generator Operator
Dimmer Operator
Electrician

PROPS
Prop Master
Asst. Prop Master
Props Person
Armorer
Marine Coordinator
Picture Car Coordinator
On-Set Picture Cars/Boats
Boat Handler

PLASTER
Foreman
Plasterer

WARDROBE
Costume Designer
Supervisor
Key Costumer
Key Set Costumer
Set Costumer
Costumer
Ager/Dryer
Seamstress/ Tailor
Buyer

RIGGING
Key Grip
Gaffer

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)
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 provides a New Member Orientation class that is available online. It is my responsibility to complete this class before my transfer can be completed. It is also my responsibility to complete the required Online Safety Courses before my transfer can be completed.

3. As a member of the Local, I have taken an oath to promote the hiring of my union brothers and sisters before anyone else.

4. 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. Even if I have authorized the payroll company to deduct my dues from my weekly paycheck, I still remain responsible for making sure my dues are properly paid to the Local.

5. 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.

6. The Local is not responsible for emails that are filtered into Spam or Junk by my email server.

7. 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.

8. 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
   • Access to a members-only phone app containing proprietary information and helpful features for working
   • 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

9. 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, 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: __________________________________________________________
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: ___________________
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 #: ________________________________
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: ___________________________