



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:

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 _____

My Social Security/Insurance Number is _____

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

Was Application rejected? _____

Primary venue where you are working as an usher (circle one)

Colonial Opera House Pavilion Shubert Wang

This application is for Journeyman ___Yes___ 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 ___\$65_____ Amount Paid _____

(LOCAL SEAL HERE)

Pay the \$65 online at <https://unionly.io/o/iatselocalb4> - OR - write a check made out to IATSE Local B4. Mail this form to IATSE Local B4, PO Box 120277, Boston, MA 02112-0277 - do not email sensitive personal information.

This application submitted by Local No. B4 _____

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 last 4 digits of SSN/SIN _____

(LOCAL SEAL HERE)

_____, President

_____, Secretary

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

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.