



# Membership Application

## IATSE LOCAL 891

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

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Membership Request (Currently 60 days worked on IATSE Local 891 signed shows)

Waiver Request (\*see below info)     Prime in another Department Request

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Department Applying to (e.g. Art): \_\_\_\_\_

Requirements: Currently, 60 IATSE Local 891 days in the department of application.  
Please submit copies of timesheets for work you have done in the last 4 weeks.

Note: Please ensure that you have the required tickets/licenses that are needed or it could affect the amount of calls you get for employment.

Total IATSE Local 891 days to date (worked in Department of Application): \_\_\_\_\_  
(Info on additional days or shows worked within that department may be attached)

1. Date: \_\_\_\_\_ Days: \_\_\_\_\_ Show: \_\_\_\_\_

2. Date: \_\_\_\_\_ Days: \_\_\_\_\_ Show: \_\_\_\_\_

Important - Please complete if you are applying to one of these departments:

Lighting - Have you written the mandatory membership test?    Yes     No

\*Applicants requesting Waivers are asked to provide additional information as to why the waiver is being requested and why it should be approved. This information must be stated in a separate letter attached to this form, along with a complete and up-to-date resume.



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Office Use Only:

Department Comments: (If you are approving a Waiver, please complete attached form)

Membership Coordinator Comments:

Approved: Yes  No

Date:

By:

**Consent to the collection, use and disclosure of personal information:**

I acknowledge I have had an opportunity to read the Personal Information Protection Code and Personal Information Protection Chart (available at [www.iatse.com](http://www.iatse.com), in the initiation disk material, and in hard copy upon request). I hereby give my consent to the collection, use and disclosure of my personal information in the manner and for the purposes outlined therein.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: mm/dd/yyyy