



P.O. BOX 3351 OSHKOSH, WISCONSIN 54903 TOLL FREE 1-866-426-4707 EMAIL: IATSE470@HOTMAIL.COM

LETTER OF INTENT TO ENROLL IN APPRENTICESHIP PROGRAM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF FIRST REFERRAL WITH IA 470 \_\_\_\_\_

HOW LONG AT ABOVE ADDRESS: \_\_\_\_\_

SHOWS WORKED WITH US \_\_\_\_\_

HAVE YOU EVER WORKED A "SHOWCALL"? IF YES, ON WHICH PRODUCTIONS?  
\_\_\_\_\_

DO YOU OWE PAST REFERRAL DUES TO IATSE 470? \_\_\_\_\_

ARE YOU AWARE OF WHAT IS ENTAILED WITH APPRENTICESHIP PROGRAM AND FINANCIAL OBLIGATIONS CONCERNING MEMBERSHIP IN IATSE #470? \_\_\_\_\_

SKILL LEVEL EXPERIENCE (1=NONE, 2= SOME, 3= CONSIDERABLE)			
CIRCLE <u>ONE</u> NUMBER TO INDICATE YOUR LEVEL OF PROFICIENCY IN THE FOLLOWING DEPARTMENTS:			
HAIR	1 2 3	CARPENTRY	1 2 3
WARDROBE	1 2 3	ELECTRICS	1 2 3
RIGGING	1 2 3	PROPERTIES	1 2 3
FLYRAIL	1 2 3	SOUND	1 2 3

PLEASE DESCRIBE THE REASONS YOU WISH TO JOIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Attach Picture (Optional) Yes No (circle)