



P.O. BOX 2421 APPLETON, WISCONSIN 54912 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)