



P.O. BOX 2421 APPLETON, WISCONSIN 54912 PHONE 1-920-5959 EMAIL: BA@IATSE470 .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? Yes No

SKILL LEVEL EXPERIENCE

CIRCLE ONE NUMBER TO INDICATE YOUR LEVEL OF PROFICIENCY IN THE FOLLOWING DEPARTMENTS:

1= I have little/no experience in this area. I have not worked in this department.
 2= I may have worked in this department once or twice. I have some knowledge, but I still need direction and have questions about the skills and terminology needed in this department.
 3= I have worked in this department several times. I know the typical skills and terminology needed. I can help a new worker begin to learn some basic skills needed in this department.

<input type="radio"/> 1	HAIR	<input type="radio"/> 2 <input type="radio"/> 3	CARPENTRY	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 1	PROPERTIES	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		
<input type="radio"/> 1	WARDROBE	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	RIGGING	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="radio"/> 1	VIDEO/AV	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	FLYRAIL	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
				ELECTRICS <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
				SOUND <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

PLEASE DESCRIBE THE REASONS YOU WISH TO JOIN BELOW:

APPLICANT SIGNATURE _____ DATE: _____

Attach Picture (Optional) YES NO