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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.

HAIR	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	CARPENTRY	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	PROPERTIES	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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	ELECTRICS	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
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	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