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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? _____

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	1 2 3	CARPENTRY	1 2 3	PROPERTIES	1 2 3
WARDROBE	1 2 3	RIGGING	1 2 3	ELECTRICS	1 2 3
VIDEO/AV	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