

## Application for Membership in a Local Union

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

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	(Print or Type Name)		(Moi		(Year)
reside at				(96)	
	(Street)	(City)	(State/	Province)	(Zip/Postal Code)
Home Phone		C	ell Phone		
Email Address			_ Do you have	a Twitter account	? Yes
My Social Securi	ty/Insurance Number is				
I am by occupation	on a		and hav	e worked at the fo	ollowing employers in
entertainment inc	dustry:				
Presently employ	ved by		as a		
				(Specify Occup	pation)
Proviously applied	d for membership in a Lo	and Union or Departmen	t of the LATE	- 2 +o	Local No
		is application is for Jou	E	· .	
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THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.