

# Application for Working Within Local 492's Jurisdiction

Name:

Address:

City:  State:  Zip:

Phone Number:  Email:

Home Local:  Business Agent's Name:

Home Local Address:

City:  State:  Zip:

Home Local Phone:

Production:  Position Requested:

Start Date:  End Date:

Contract Job is Under:

Please fill this application and attached Payroll Deduction Consent Form and mail to:  
IATSE Local 492  
310 Homestead Road  
Nashville, TN 37207

-or-

Email to [iatse492@comcast.net](mailto:iatse492@comcast.net)

To work within the jurisdiction of Local 492, you need to fill out and submit this form plus:

- 1) Be fully up to date with your home local
- 2) Have the permission of your Local to work here
- 3) No members of Local 492 are able to do the job you are wishing to work,
- 4) Also agree to fill out a Payroll Deduction Consent form instructing the payroll company to deduct the normal 3.5% working dues that all members and guests of Local 492 have to pay.

Once we have received all of the pertinent information and have run any necessary checks, you will be permitted to work in our jurisdiction FOR THE PRODUCTION AND POSITION YOU HAVE APPLIED FOR ONLY. If you wish to work more than one production or position, you must submit an application for each production/position.



LOCAL **492**

# STUDIO MECHANICS OF TENNESSEE AND NORTHERN MISSISSIPPI

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

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POB 90174 Nashville, TN 37209 615-386-3492 1-888-492-TENN (8366)

## PAYROLL DEDUCTION CONSENT FORM

Name:     
Last First Initial

Social Security Number:

Address:

City:  State:  Zip:

For the duration of employment, the undersigned assigns to the Studio Mechanics of Tennessee and Northern Mississippi, Local 492, the sum of three and one half percent (3.5%) of all wages earned, and authorizes and directs his employer to deduct such sum from his or her wages and to remit the same to the local union as membership dues. This assignment shall be irrevocable for the period of one year or until termination of the applicable collective bargaining agreement, whichever is sooner. Such assignment shall be automatically renewed, with the same irrevocability for successive like periods, unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to the expiration of such period.

Signature: \_\_\_\_\_ Date: