



**IATSE Local #115 Referral List
Annual Registration Renewal Form**

First Name/Middle Initial _____ **Last Name** _____

Social Security # _____

Please print so it can be read.

E-mail _____ Address _____ City _____ State _____ Zip _____	Phone: Home _____ Cell _____ Beeper _____ Fax _____
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What is your availability? (Check One)	<input type="checkbox"/> Full Time Stagehand – <u>Unlimited Availability</u> <input type="checkbox"/> Part Time Stagehand with a part time or full time job outside the trade – <u>Usually Available</u> <input type="checkbox"/> Part Time Stagehand with a full time job outside the trade <u>Limited Availability</u>
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If Limited Availability please list days/times that you are available.

All stage hands who wish to continue being referred for work by IATSE Local #115 must fill out this form once a year in January.

(New hires must fill out a full application, W4, I9, and consent for dues deduction.)

Please submit this form along with your \$20.00 application fee or payment for your first quarterly dues stamp to:

**Nick Ciccarello Secretary/Treasurer
IATSE Local #115
P.O. Box #462
Jacksonville, FL 32201-0462**