



INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES AND
MOVING PICTURE TECHNICIANS, ARTISTS, AND ALLIED CRAFTS OF THE
UNITED STATES, ITS TERRITORIES AND CANADA

LOCAL 115

Designation of Collective Bargaining Representative
and Application for Membership

I hereby designate and authorize the above-named Union to act for me as my collective bargaining agent in all matters pertaining to wages, hours, and other terms and conditions of employment; and I hereby also apply for membership in the above-named Union.

PRINT

NAME (in full) _____
(First) (Middle) (Last)

ADDRESS _____
(Number) (Street) (City)

(State) (Zip) (Phone)

EMPLOYER _____ POSITION _____

DATED _____ SIGNATURE _____