

Completed:



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

Local No. 115  
Nick Ciccarello, Secretary/Treasurer  
P.O. Box #462, Jacksonville, FL 32201  
(904) 443-0060

**Personal Information Form**

**E-mail** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**First Name/Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Beeper** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **Fax** \_\_\_\_\_

<b>If IA Member</b>	<b>Local #</b> _____ <b>2nd Local #</b> _____ <b>Original Local #</b> _____ <b>Initiation Date</b> _____ <b>Original Initiation Date</b> _____
<b>For W4</b>	<input type="checkbox"/> <b>Deduct Single</b> <input type="checkbox"/> <b>Deduct Married</b> <input type="checkbox"/> <b>Deduct Married at Single Rate</b> <b>Number of Allowances</b> _____ <b>Extra Withholding</b> _____ <input type="checkbox"/> <b>Name Different than on Social Security Card</b> <b>If Tax Exempt write "Exempt"</b> _____
<b>For I9</b>	<b>Maiden Name</b> _____ Choose <input type="checkbox"/> <b>Citizen of United States of America</b> One <input type="checkbox"/> <b>Lawful Resident Alien</b> <b>Alien #</b> _____ <input type="checkbox"/> <b>Alien Authorized to work until:</b> _____ <b>Drivers License #</b> _____ <b>State</b> _____ <b>Expires</b> _____