



## DIRECT APPLICATION TOPSHEET

Name

Social Insurance Number (SIN)

Address

/ /  
Date of Birth (DD/MM/YYYY)

City

Citizenship

Province

Postal Code

Phone

Email

Other IATSE Affiliations

Company Name

### CATEGORY APPLYING FOR:

*Only one (1) category is to be selected for membership consideration.*

### REQUIRED DOCUMENTS:

*Please use this checklist to ensure all documentation are included. **Incomplete applications will not be accepted.***

- |   |  |
|---|--|
| <input type="checkbox"/> Direct Application Topsheet    | <input type="checkbox"/> MPIO or Set Etiquette or Set Orientation Certificate                    |
| <input type="checkbox"/> Letter of Intent               | <input type="checkbox"/> Safety for Supervisors Certificate                                      |
| <input type="checkbox"/> Resume                         | <input type="checkbox"/> Fall Protection or Working at Heights Certificate                       |
| <input type="checkbox"/> Three (3) Letters of Reference | <input type="checkbox"/> Aerial & Scissor Lift or Mobile Elevated Platforms Training Certificate |
| <input type="checkbox"/> Safety Awareness Certificate   | <input type="checkbox"/> Proof of Citizenship or Permanent Residency or Work Permit              |
| <input type="checkbox"/> WHMIS Certificate              | <input type="checkbox"/> Proof of minimum 100 verifiable worked days on long format projects     |
| <input type="checkbox"/> Demo Reel or Portfolio: _____  |  |

*Completed applications are evaluated by the appropriate Member at Large and their Membership Committee. In the event you do not qualify for membership, your application package will be kept on file for twelve (12) months allowing for updates to the original application submitted. Any misrepresentation in the information you provide will jeopardize your potential membership with ICG 669.*

- ☐ By checking this box, I confirm that I am legally entitled to work in Canada via Citizenship, Permanent Residency, or a valid Work Permit and I understand that if I am accepted into membership with the International Cinematographers Guild, Local 669 (ICG 669), the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.
- ☐ I agree that ICG 669 may collect, use and disclose personal information contained in this application package for the purpose of investigating, assessing and processing my application for membership, in accordance with the ICG 669 Privacy Policy. I specifically consent to the collection, use, and disclosure of this information for the purpose of obtaining employment or training opportunities in the film industry through ICG 669.

Signature

Date