



NEW MEMBER CLASS REGISTRATION

I, (Please Print) _____, understand that I need to take classes mandated by the Local One Constitution and provided by the union to be included in the Organizational List Lottery. I also understand that I must take a CPR / First Aid class and provide proof of such to Local One, I.A.T.S.E.

Scheduled classes are subject to change due to weather or other factors.

Signature: _____

Date: _____

Phone: _____

Address: _____

Email: _____

Group: I II III (Please circle one)

Theatrical Stage Employees