

CHARTERED MAY 1, 1937

AFFILIATED WITH ALL NATIONAL,
STATE, AND LOCAL LABOR BODIES

Johnny Moreno, Business Agent
Leontyne Mbele Mbong, President



EXECUTIVE OFFICES
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THEATRICAL EMPLOYEES UNION OF SAN FRANCISCO, LOCAL B18

WELCOME!

Thank you for requesting information about joining Local B18. Here are instructions and forms you may need.

Please return this page with your application and check the box next to each item you are submitting/have completed.

- 1. **Application Form:** Please complete the attached IATSE membership application and mail it to our office with this page. (The question about Journeyman or Apprentice need not be answered.)
- 2. **Payment:** Include with your application a check/money order covering initiation fee **plus** annual dues so that we can process your application. You may also pay online, where processing fees charged to B18 are added. Contact Member Services to arrange a payment plan if necessary.

Check enclosed in the amount of \$172: Payment made online:

INITIATION FEE is \$100.
\$90 Local B18 initiation fee (refundable, if application is rejected)
\$10 processing fee charged by the International (non-refundable)

ANNUAL DUES are \$72 for the calendar year.
After your initial payment, annual dues are payable by December 31 for the following year. Dues not paid by **January 31** will be considered late and a penalty of \$2.00 levied for each week in which dues remain unpaid. Timely payment of dues allows the Local to better serve you.
NOTE: Payment of Annual Dues is required every year whether or not you are working.

- 3. **Wage Assessment Form:** Please complete the attached WA Form and mail it with your application.

Name and date: _____

Your Local holds general membership meetings at the Local's office, usually on the second Monday of January, April, July, and October at 6:30pm. All members in good standing are welcome.

Please remember to advise this office whenever you change mailing address, phone number, or e-mail address. In addition, *anytime you add or change B18 employers please submit an updated Wage Assessment Form.*

NOTE: Your membership in the Union is not contingent on employment at any of our venues.
I.E., you are a B18 member independently of being an employee at any given venue. This means that payment of Annual Dues is required regardless of whether you are employed or earning wages at one of our venues. It also means that should you terminate your employment at a venue, this does not terminate your membership in the Union. In order to leave the Union and thereby cease accruing dues, you must formally request to withdraw from the Union.

Member Services can be contacted by e-mail at membership@iatse-local-b18.org. For all information about the Local, including online payment of dues and fees, please visit our website: <http://iatse-local-b18.org>.

Fraternally,

Leontyne Mbele-Mbong
President
IATSE Local B18

Johnny Moreno
Business Agent
IATSE Local B18

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THEATRICAL EMPLOYEES UNION OF SAN FRANCISCO, LOCAL B18 Wage Assessment Form

In addition to the payment of annual dues, members pay a 1% ASSESSMENT of gross wages earned at all venues within the jurisdiction of Local B18. This assessment is applied to earnings of up to \$20,000.

Please complete this form and submit with your application and payment.

There are two ways of making this payment. If you have a large number of employers, you may choose to do a combination.

1. **Assessment Check-Off Authorization:** Have your employer deduct the amount from your paycheck. For this option, please complete the attached form (one per employer), and submit directly to each employer.
NOTE: ATG employees must upload their form to their ADP account.
NOTE: SF Ballet and SF Opera are separate employers.

➔ **Check here if you are choosing this option 1:**

Enter the name(s) of each of your employers to whom you are submitting the Check Off Authorization:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

2. **Assessment Self-Payment:** You will calculate 1% of your gross wages earned at each of your employers and send a check payable to IATSE Local B18 according to the following scheduling:

- for earnings within Quarter 1 (Jan-Feb-Mar) - by May 1
- for earnings within Quarter 2 (Apr-May-Jun) - by August 1
- for earnings within Quarter 3 (Jul-Aug-Sep) - by November 1
- for earnings within Quarter 4 (Oct-Nov-Dec) - by February 1 of the following year

NOTE: San Francisco War Memorial & Performing Arts Center do not currently collect wage assessments for events that it books at the Opera House or the War Memorial Building.

➔ **Check here if you are choosing this option 2:**

Enter the name(s) of each of your employers for whom you will be paying your 1%:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I hereby acknowledge and understand that in order to maintain good standing with the Union, I am responsible for ensuring that my Wage Assessment is paid to Local B18 in a timely manner. I also understand that, if I am not earning wages, I will not owe the 1% wage assessment. **But**, until I officially leave the Union, I am required to pay my annual dues to remain in good standing.

Name: _____ Signature: _____ Date: _____



Application for Membership in a Local Union

of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians,
Artists and Allied Crafts of the United States, its Territories and Canada

I hereby make application for membership in Local No. B18 of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

**THIS APPLICATION MUST BE ACTED UPON
WITHIN SIX MONTHS OTHERWISE A NEW
APPLICATION MUST BE SUBMITTED.**

I, _____, was born on _____ and presently
(Print or Type Name) (Month) (Day) (Year)

reside at _____
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone _____ Cell Phone _____

Email Address _____ Do you have a Twitter account? Yes No

My Social Security/Insurance Number is _____.

I am by occupation a _____ and have worked at the following employers in the
entertainment industry: _____

Presently employed by _____ as a _____
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? _____, to Local No. _____

Was Application rejected? _____. This application is for Journeyman _____ or Apprentice _____? (check one)

PLEDGE

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant _____ Date _____, 20____

Initiation Fee _____ Amount Paid _____

(LOCAL SEAL HERE)

This application submitted by Local No. _____

Secretary _____

This is to certify that _____ has on this _____ day of _____, 20____,
been admitted to membership in Local No. _____ having fully complied with the requirements as set forth in
the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving
Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

Member's Social Security/Insurance Number _____

(LOCAL SEAL HERE)

_____, President

_____, Secretary

**THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE
IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.**

**THIS APPLICATION MUST BE ACCOMPANIED BY THE
\$100.00 PROCESSING FEE OR \$10.00 PROCESSING
FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.**



**THEATRICAL EMPLOYEES B18, IATSE
ASSESSMENT CHECK OFF AUTHORIZATION FORM**

Please Print Name _____
Last First Middle Initial

TO: _____
(Enter Name of Employer)

Effective immediately, the undersigned assigns to Theatrical Stage Employees Union Local B18, I.A.T.S.E., an assessment of one percent (1%) and capped annually at two hundred dollars (\$200) of all wages earned and to be earned by the undersigned as an employee, and authorizes and directs his/her employer to deduct such one percent (1%) and capped annually at two hundred dollars (\$200) from the undersigned's wages and to remit the same monthly to said union.

This assignment shall be irrevocable for the period of either one (1) year or until termination of the applicable collective bargaining agreements, whichever is sooner, and shall automatically be renewed, with the same irrevocability, for successive like periods unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to the expiration of such period.

In signing this Check Off Authorization, I do so voluntarily, knowing that it is not a condition of employment, and intending that the amounts deducted and remitted to Local B18 I.A.T.S.E. to help defray the cost of operating said Union.

Signature: _____

Date: _____
(MM/DD/YYYY)

Address: _____

Social Security #: _____

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