

THEATRICAL EMPLOYEES' UNION OF SAN FRANCISCO, LOCAL B18

CHARTERED MAY 1, 1937

AFFILIATED WITH ALL NATIONAL,
STATE, AND LOCAL LABOR BODIES

Leontyne Mbele-Mbong, President
Johnny Moreno, Business Agent



EXECUTIVE OFFICE
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membership@iatse-local-b18.org

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES

WELCOME!

Thank you for requesting information about joining Local B18. Please complete the IATSE membership application and return it to our office. Include a check/money order covering initiation **plus** dues so that we may process your application. You will be enrolled in Local B18 as a member when your application is approved by our General Office in New York City.

Your INITIATION FEE is \$100.00. It is from this amount that the IATSE processing fee will be submitted to the International.

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 December 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.

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.

For the convenience of B18 members, employers can collect the 1% assessment during each pay period and send the amount to the Local. An Assessment Check-Off Authorization Form is included here and may be provided by your employer(s) as well. Please fill this out and return it to your employer(s).

Your Union Card will be sent to you as soon as your application is processed through IATSE.

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

And finally, please remember to advise this office whenever you add or change B18 employers or mailing address, phone number, or email address.

Member Services can be contacted by email to membership@iatse-local-b18.org. For more information, please visit our website at iatse-local-b18.org.

Fraternally,

Leontyne Mbele-Mbong
President
IATSE Local B18

Johnny Moreno
Business Agent
IATSE Local B18



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. _____ 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:

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

**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)