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DATE OF BIRTH (REQUIRED FOR ELIGIBILITY VERIFICATION)	
LAST NAME	FIRST NAME
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STREET ADDRESS	CITY
STATE	ZIP CODE
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PERSONAL EMAIL ADDRESS	PHONE NUMBER
<input type="radio"/> CHECK HERE IF YOU'D LIKE TO REACTIVATE AN ACCOUNT HELD IN YEARS ONE (2015-2016) AND/OR YEAR TWO (2016-2017)	
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IATSE UNION MEMBER	<input type="radio"/> YES <input type="radio"/> NO
NON-MEMBER WORKING UNDER IATSE AGREEMENT	<input type="radio"/> YES <input type="radio"/> NO
IATSE LOCAL #:	PRIMARY JOB CLASSIFICATION:
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APPLICANT SIGNATURE	APPLICATION DATE

RVD 8/20/18

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