## Local 709 of the I.A.T.S.E. Newfoundland & Labrador



55 Elizabeth Ave, Suite 207, St. John's, NL, A1A 1W9 (709) 754-1746 fax (709) 754-1774

## **DEAL MEMO**

(All sections of this form must be completed)

This Deal Memo, when signed by the authorized representative of the company (indicated below), together with the employee/company, shall confirm the employment of the employee/company for work on the following production:

Production Title:								Phone:					
Production Company:								Fax:					
Address:													
City:					Prov:			PC			C:		
							1						
Name of Employee:							Birth D	Birth Date: month day year					
Address:							SIN#	SIN#					
City:					Phone:			-					
Prov: PC:							Email:	Email:					
Company:					Comp.	Reg#:		GST#:					
Job Title:						Screen Credit:							
Beneficiary:													
Start/End Dates: to									Type of Hire:			lire:	
Rate of Pay:			Per: Hour:			Day:	Week:		WEE	KLY:		DAILY:	
Transportation Conditions: Per:													
Employee Work Kit Rental: Per:													
Miscellaneo	us:												
Are you in good	I affirm that I am a MEMBER IN GOOD STANDING OF L I affirm that I am a MEMBER IN GOOD STANDING OF C												
standing?					AND	ING OF (	OTHER I.A	A.T.S.E	. LOC	CAL/S#	:		
A complete	I affirm that I am a NC ed Work Permit Applicatio				s Deal	Memo for	all non-me	embers	of Loc	al 709 of	the I A	TSF	
-	cal 709 of the I.A.T.S.E.		·	-					0. 200	u			
authorize the	Production Company t r the Collective Agreem	o dedu	ct from	n my pa	ay and	I remit to	Local 709	of the					
Employee/Company						On Behalf of Production Company							
Date													
		Ple	ease fo	orward	comp	leted for	m to:						
	businessa	agent	@iats	e709	com	& admi	n@iatse	709 c	om			rev. June/25	