## **IATSE Local 305 Referral List Application**

Managed by IATSE Local 305

Name:	Date:			
Cell#:	Email:			
Address:	City:	State: Zip:		
Request Membership Appli	L <sub>L</sub>	am a member of another IATSE Bro ocal and would like to participate as Iember only. Local #		
	<b>Craft Selection</b>	<b>:</b>		
Please indicate craft(s) applying	g for referral.			
Technical Director	Audio Mixer (A1)	Utility		
Video Engineer (V1)	Audio Assistant (A2)	Stg Manager		
Video Engineer (V2)	Audio Assistant (A3)	Graphics Coord _		
Hard Camera	ENG Audio	Graphics Operato	Graphics Operator	
ENG Camera	ENG Grip	Score Box/Graph	nics 2	
Handheld Camera	Capture Playback Lead EVS(CPO1)			
Robotic CameraSteadicam	_ Capture Playback (CPO2	2) Runner		
	Capture Playback RO (CPO3)			
Please list two (2) recent employer Provide all pertinent contact info i least fifteen (15) events you have w documentation confidential.	including email and phone	number. Also provide evidence	e of at	

Please use Venmo (@IA305Referrals) to send \$25.00 processing fee or enclose a check or cashiers check with your application and send to:

IATSE Local 305 P.O. Box 278617 Miramar, Fl. 33027