

# IATSE Local 305 Studio Referral List Application

Managed by IATSE Local 305

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Request Membership Application

☐ I am a member of another IATSE Local  
and would like to participate as a Referral  
list member only. Local# \_\_\_\_\_

## Craft Selection:

**Please indicate craft(s) applying for referral.**

Technical Director (TD) \_\_\_\_\_ Senior Audio (A1) \_\_\_\_\_

Graphics Operator \_\_\_\_\_ Graphics Coordinator \_\_\_\_\_

Cam Operator \_\_\_\_\_ ENG Cam Op. \_\_\_\_\_ Jib Op. \_\_\_\_\_

Score Box/Ticker Op. \_\_\_\_\_

Capture Playback Lead EVS(CPO1) \_\_\_\_\_

Capture Playback (CPO2) \_\_\_\_\_

Capture Playback (CPO3) \_\_\_\_\_ Production Assistant \_\_\_\_\_

**Please list two (2) recent employers or clients that can attest to your proficiency at the craft selected. Provide all pertinent contact info including email and phone number and if possible, specific events you worked for these reference providers.**

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

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

