



MAKE-UP ARTISTS & HAIR STYLISTS

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LOCAL798 BARBER ORGANIZING DRIVE PRE-MEMBER APPLICATION

NAME:

PLEASE TYPE OR PRINT CLEARLY

ADDRESS:

CITY

STATE

ZIP CODE

TELEPHONE: ..

MOBILE

WORK

HOME

E-MAIL:

Please choose **one** craft category to which you are applying:

MAKEUP ARTISTRY

HAIR STYLING

Do you have a professional license or degree? Check all that apply and **attach a copy**.

COSMETOLOGY LICENSE

BACHELORS DEGREE

BARBERING LICENSE

MASTERS DEGREE

ESTHETICIAN LICENSE

VOCATIONAL CERTIFICATE

Are you now or have you ever been a member of an IATSE Local?

No

Yes, Local _____ in _____
Number City, State

"I HEREBY CERTIFY THAT THE MATERIALS I SUBMIT ARE A TRUE RECORD OF MY OWN WORK, ABILITIES, AND RESIDENCY"

SIGNED _____ DATE _____