



MAKE-UP ARTISTS & HAIR STYLISTS

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LOCAL798 MEMBERSHIP 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**.

- | | |
|--|---|
| <input type="checkbox"/> COSMETOLOGY LICENSE | <input type="checkbox"/> BACHELORS DEGREE |
| <input type="checkbox"/> BARBERING LICENSE | <input type="checkbox"/> MASTERS DEGREE |
| <input type="checkbox"/> ESTHETICIAN LICENSE | <input type="checkbox"/> VOCATIONAL CERTIFICATE |

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

No

Yes, Local # _____ in _____

CITY

STATE

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

SIGNED _____

DATE _____