



MAKE-UP ARTISTS & HAIR STYLISTS

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(800) 222-7985
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Applicant Submission Form for Local 798

NAME:

PLEASE TYPE OR PRINT CLEARLY

ADDRESS: _____

CITY STATE ZIP CODE

TELEPHONE: _____
MOBILE WORK HOME

E-MAIL: _____
Portfolio Website or
Google Drive tiny URL:

Please choose **one** craft category to which you are applying **and** circle the sub-category:

- D HAIR STYLIST *Circle one:* Barber License OR Cosmetology License
- D MAKEUP ARTIST *Circle one:* Makeup Artist OR SFX Makeup Artist

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

- D COSMETOLOGY LICENSE
- D BARBERING LICENSE
- D ESTHETICIAN LICENSE
- D BACHELORS DEGREE
- D MASTERS DEGREE
- D 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 _____