



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:

Portfolio Website or
Goggle Drive tiny URL:

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

- HAIR STYLIST *Circle one:* Barber License OR Cosmetology License
- 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**.

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