

# ***IATSE/InfoComm PARTNERSHIP***

## **IATSE/InfoComm Partnership Member Enrollment Form**

<i><b>FIRST NAME:</b></i>	
<i><b>LAST NAME:</b></i>	
<i><b>DATE OF BIRTH:</b></i>	
<i><b>IATSE LOCAL #:</b></i>	
<i><b>PHONE #:</b></i>	
<i><b>EMAIL ADDRESS:</b></i>	
<i><b>STREET ADDRESS:</b></i>	
<i><b>CITY:</b></i>	
<i><b>STATE/PROVINCE:</b></i>	
<i><b>POSTAL CODE:</b></i>	

**If you are already a member of Infocomm please also provide:**

Infocomm Username	
Infocomm Password	

