



**INTERNATIONAL ALLIANCE OF  
THEATRICAL STAGE EMPLOYEES  
OF THE UNITED STATES, ITS TERRITORIES AND CANADA**  
**LOCAL NO. 168**  
P.O. BOX 5312, STATION B  
VICTORIA, B.C. V8R 6S4  
Phone: 1 (250) 381-3168 • Toll Free Fax: 1 (866) 618-3848  
Web: [www.iatse168.com](http://www.iatse168.com)

May 1, 2022

Dear Future Sister Stage Member:

Thank you for your recent enquiry and interest about Sister Membership with I.A.T.S.E. Local 168. Just so you are aware, the Local is solely a hiring hall. We do not offer full-time or part-time positions. You are called when there is work available, in seniority order. Should you be looking to work in the Front of House at one of the Theatres or Venues we support, you need to contact the employer directly. We do not dispatch for those positions.

Below you will find a *"Stage Sister Member Application"* form that we ask you to fill out and return as soon as possible along with a letter of good standing from your home Local and a current résumé. With this, you do not need to include any administration fee. However, you must be in good standing with your home Local. Please read over the *"Minimum Qualifications for Employment as a Stage Grip"* booklet and then fill out the enclosed *"Workers Qualification"* form. Your position on the Sister Member roster will only be maintained so long as you continue to respond, if asked to go to work, and are able to issue a letter from your home Local every quarter stating that you are in good standing with them. Should you fail to respond to a dispatched call, fail to notify the office of your contact information changing and/or not show the skills, attitude, and competence needed, you will be permanently removed from the roster.

In addition, you are required to fill out the *"Dues & Administration Fee Authorization"* form. This allows the employers to deduct an administration fee (if applicable) in accordance with the Locals policies and the Collective Agreement in place. This form also authorizes employers to deduct dues from your paycheques (presently 6% of gross wages) and remit this amount to the Local. You must also complete our *"Privacy Consent Form."* Upon receipt of all fully completed forms the Executive Committee will only then review your Sister Status request. If you meet the requirements of the International and the Local, you will be placed on our list of Sister Members who may be dispatched to work by the Local on an as needed basis. If your application does not meet the requirements of the International and the Local, you will be notified in writing.

Although you are a Sister Member, you do not hold any rights of membership within the Local. You need to follow our Collective Agreements, all Rules, Policies and Procedures of the Local and the Employer at all times. Should you have any questions in this regard, you should contact one of the following: an Officer of the Local, the Business Agent, or the Crew Chief. It is not appropriate to discuss these matters with persons other than these people.

Once again, thank you for your interest in IATSE Local 168

Sincerely,

Laurie Edmundson  
Secretary-Treasurer

**Please Note:**

**Sister Members must provide a letter of good standing from their home Local every quarter in order to remain on the Sister Stage Member Roster. The first letter is required with your application.**



## **IATSE LOCAL 168 SISTER LOCAL MEMBER APPLICATION CHECK LIST**

The following items must be submitted to the Local for your application to be considered.

1. Sister Local Application Form
2. Letter of Good Standing
3. Current Resume with references
4. Dues authorization form
5. Personal Information Consent form

All items may either be mailed to the Local at:

IATSE Local 168  
P.O. Box 5312, Station B  
Victoria, B.C. V8R 6S4

Or

Emailed to [sec-treas@iatse168.com](mailto:sec-treas@iatse168.com)

**Sister Local Member Application Form**

Date Accepted (Office Use Only):  IATSE File Number (Office Use Only):   
Application Date (yyyy-mm-dd):  Social Insurance No. :   
Last Name:  First Name:  Ms/Mr/other:   
Street Address:   
City:  Province:  Postal Code:   
Main Phone No.: (  )  Alternate Phone No.: (  )   
Date of Birth (yyyy-mm-dd):   
E-Mail Address:   
(You must be at least 18 years old)  
Emergency Contact:  Relationship:  Phone No.: (  )

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Present Occupation:  Employer:   
Job Description:   
  
  
Related Experience & Skills:   
  
  
Why do you want to work with IATSE 168?   
  
  
Do you have a completed Criminal Record Check?   
(Required to work at the CVRD. However, after being dispatched and before starting work, the required forms will be issued and the cost covered by the Employer. The Employer currently uses Back Check to complete the search within 24 hours once the forms have been faxed in.)  
Home Local Number and Location

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The information you provide on this form is solely used by IATSE Local 168 to maintain your file. I declare that the information contained herein is accurate to the best of my knowledge and acknowledge that any misrepresentation in completing all required forms will jeopardize my Permittee status.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_

**APPLICATIONS MUST BE MAILED AND INCLUDE: ADMINISTRATION FEE (OR PAY VIA CREDIT CARD), APPLICATION FORM, RESUME, DUES & FEES AUTHORIZATION FORM, WORKER QUALIFICATION FORM, PRIVACY CONSENT, AND A COPY OF ANY DOCUMENTS/CERTIFICATES THAT HAVE SPECIFIC WORK RELATED CRITERIA. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

## Dues Authorization Form

I hereby authorize the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories, and Canada - Local 168 to deduct from my gross wages the current amount of union dues in effect for my department. I also authorize I.A.T.S.E. Local 168 to deduct any other fees, fines, and/or deductions that form a part of the terms and conditions of the Union's collective agreements under which I may work.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to the Collection, Use, and Disclosure of Personal Information

I acknowledge receipt of a copy of the I.A.T.S.E. Local 168 Privacy Code (“the Code”). I have read the code and I give my consent to the collection, use, and disclosure of my personal information in the manner and for the purpose outlined in the Code.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IATSE Local 168 Stage Work Qualification Form**

Full Name (please print):

Phone Number(s):

Please read the entire form and the “*Minimum Qualifications for Employment as a Stage Grip*” before completing.

- Even if you believe you are qualified as a grip in a certain department, the Local will always have final say in determining if you are suitable or not.
- The level of Department Head will only be determined by the Steward’s Committee & Executive Committee, in consultation with the Employer.

I am qualified to accept calls as a grip in the following departments (Please only mark off the ones that apply):

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Carpenter                                       | <input type="checkbox"/> Sound    |
| <input type="checkbox"/> Flyman  | <input type="checkbox"/> Loader   |
| <input type="checkbox"/> Props   | <input type="checkbox"/> Rigger   |
| <input type="checkbox"/> Electrician (Lighting)                          | <input type="checkbox"/> Wardrobe |
| <input type="checkbox"/> Qualified Spot Operator                         | <input type="checkbox"/> Dresser  |
| <input type="checkbox"/> Taken indoor pyro course and have valid ticket. |                                   |
| <input type="checkbox"/> First Aid & Level: _____                        |                                   |
| <input type="checkbox"/> Other (eg. Fork Lift Ticket): _____             |                                   |

Office Notes on Dept. Head

Other qualifications (lighting boards, sound boards, projection equipment, etc.):

I am available for calls for:

- |   |   |
|---|---|
| <input type="checkbox"/> Victoria           | <input type="checkbox"/> Nanaimo        |
| <input type="checkbox"/> Cowichan           | <input type="checkbox"/> Courtenay      |
| <input type="checkbox"/> Rest of the Island | <input type="checkbox"/> Campbell River |

Please tell us when you are normally available for calls (Do not get specific with listing your hours everyday):

The information you provide on this form is solely used by IATSE Local 168 to maintain your file.

I have read the above and declare that the information I have provided is true. I also agree to supply the tools and clothing as outlined in the “*Minimum Qualifications for Employment as a Stage Grip*” handbook. I also agree to be governed by the By-Laws, Working Rules and Policies of the Local.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_