



# ICG 669 | APPLICATION FORM

Name

Cell

Address

Home

City, Province

Postal Code

Citizenship

Company Name

Date of Birth (dd/mm/yy)

E-Mail Address

Other Union Affiliations

**CATEGORY APPLYING FOR:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Director of Photography          | <input type="checkbox"/> Underwater DP/Operator      | <input type="checkbox"/> MPV Assistant                      |
| <input type="checkbox"/> Camera Operator                  | <input type="checkbox"/> Underwater Assistant        | <input type="checkbox"/> Motion Control                     |
| <input type="checkbox"/> Steadicam Operator               | <input type="checkbox"/> EPK Director of Photography | <input type="checkbox"/> Remote Head                        |
| <input type="checkbox"/> 1 <sup>st</sup> Assistant Camera | <input type="checkbox"/> EPK Camera Operator         | <input type="checkbox"/> Senior Unit Publicist              |
| <input type="checkbox"/> 2 <sup>nd</sup> Assistant Camera | <input type="checkbox"/> Aerial DP                   | <input type="checkbox"/> Junior Unit Publicist              |
| <input type="checkbox"/> Stills Photographer              | <input type="checkbox"/> Aerial Operator             | <input type="checkbox"/> UAV Drone Aerial Camera DP         |
| <input type="checkbox"/> 3D Stereographer                 | <input type="checkbox"/> Digital Imaging Technician  | <input type="checkbox"/> UAV Drone Aerial Camera Operator   |
| <input type="checkbox"/> 3D Convergence Puller            | <input type="checkbox"/> Digital Loader              | <input type="checkbox"/> UAV Drone Aerial Camera Technician |
| <input type="checkbox"/> 3D Rig Tech                      | <input type="checkbox"/> MPV Coordinator             |   |

- I am legally entitled to work in Canada and I am a permanent resident within Western Canada. I understand that if I am accepted into membership with ICG | 669, The International Cinematographers Guild, the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.
- I agree that ICG | 669 may collect, use and disclose the personal information contained in this application form for the purpose of investigating, assessing and processing my application for membership. I specifically consent to the collection use and disclosure of this information for the purposes of obtaining employment or training opportunities in the film industry through ICG | 669.

**PLEASE NOTE:** Completed applications are evaluated by the appropriate department heads. In the event you do not qualify for membership, your application form will be kept on file for twelve months. Updates will be accepted during this time. Any misrepresentations will jeopardize your potential membership. The application fee is \$50. If this is mailed please enclose a cheque or call the office at 778-330-1669 to make a phone payment. **Please check off to confirm all the following is included in your application. Incomplete applications will not be accepted:**

**GENERAL PAPERWORK**

- Cover Letter
- (3) Letters of Reference
- Current Resume
- Copy of WHMIS Certification
- Copy of Set Etiquette & Protocol Certification
- Copy of Safety Certification
- Copy of Proof of Residency: Permanent Resident card, Birth Certificate, Driver License, Prior Year CRA Notice of Assessment

**DEMONSTRATION OF ABILITIES:**

- Stills Portfolio** (Stills Photographer)  
Website URL: \_\_\_\_\_
- Demo Reel** (DP, Camera Operator, EPK DP, EPK Operator)  
Website URL: \_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**PROOF OF DAYS:**

- Paystubs (most recent to previous cross referenced with shows on resume)
- Call Sheets (most recent - previous)
- Camera Trainee Report Cards
- Other