

# ENROLLMENT PROCEDURES

## Advanced Leadership

- Enrollments open to members who have completed Leadership I and Leadership II.
- A continuation of Leadership I and Leadership II programs. The program consists of topics such as: Leadership Psychology, Organizing, Union Ethics, Collective Bargaining II, and Workplace Communications.
- No more than **two (2) enrollments** will be accepted from a lodge per year.
- Submitter must be President, Business Rep or General Chairperson.
- The **Accountability Statement is mandatory** for processing of enrollments. Members cannot sign for themselves. This must accompany the member's enrollment form.
- Lodges are urged to utilize the fillable pdf form available on the Winpisinger website at [www.winpisinger.org](http://www.winpisinger.org). Should you not have access, you can use the forms included in this packet and return them by email ([nlong@iamaw.org](mailto:nlong@iamaw.org)), fax or mail to the Winpisinger Center as soon as possible. **DO NOT SUBMIT DUPLICATE FORMS.** Enrollments are based on a first come, first served basis. Limited seating is available per program.
- When an enrollment is accepted, a notification will be sent to the lodge submitter notifying them of the enrollment.
- Approximately 6 to 8 weeks before the starting date of the program a packet will be emailed to the participant with a dated Program Reservation/Travel Information Request form, and further instructions.
- Cancellation of confirmed enrollments and "no-shows" will be counted as a "turn" and will affect the eligibility status of your lodge to have participants in future schools. Cancellations must be done in writing via email or fax from the submitter. **UNUSED TRANSPORTATION COSTS WILL RESULT IN PAYMENT BY THE LODGE.**

### Cost

- Lodging is provided at the William W. Winpisinger Education and Technology Center's dormitory at no charge to the member for room, meals, tuition, study materials, and refreshments. Gratuities and fundraising are the member's obligation.
- Any room charges incurred or other expenses outside the Winpisinger Center are the responsibility of the participant, the local or district lodge. Transportation to the Winpisinger Center will be provided as outlined in the September 14, 2015 Policy Letter. Lost time and normal out-of-pocket expenses may be paid by the Lodge (depending on Lodge by-laws). Out-of-pocket expenses are minimal at the Winpisinger Center. Most members find that about \$150 in spending money is enough for donations, souvenirs, and gratuities.
- Shipping class materials home will be at the member's own expense.

### Additional Information

- All correspondence or requests for information in regards to programs described in this announcement should be directed to: William W. Winpisinger Education and Technology Center, 24494 Placid Harbor Way, Hollywood, Maryland 20636. Email forms or questions to [nlong@iamaw.org](mailto:nlong@iamaw.org). Phone inquiries may be directed to (301) 373-8820. Office hours are Monday - Friday, 8:00 am - 4:00 pm EST.
- **Please retain original blank copies of Enrollment Forms for future reference or changes.**

**\*\*\*REMEMBER - INCOMPLETE FORMS CANNOT BE PROCESSED\*\*\***

For Office Use Only

Date Received	LL Seats	Update Record	New Record	Acct. Statement	Enroll	Enroll Letter

### 2018 OFFICIAL ENROLLMENT FORM ADVANCED LEADERSHIP

Review the "Enrollment Procedures" on page 10. **Email to:** [nlong@iamaw.org](mailto:nlong@iamaw.org); or **Fax to:** (301) 373-2860; or **Mail to:** William W. Winpisinger Education and Technology Center, 24494 Placid Harbor Way, Hollywood, MD 20636 **Please do not submit duplicate enrollment forms.**  
**Complete all information on both pages. Incomplete forms cannot be processed.**

#### DATES ARE NOT GUARANTEED



#### Participant #1 of 2: (Mandatory – The following information must be filled in)

Date of School Requested: \_\_\_\_\_ English  Spanish

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Full Name (as printed on member's ID): \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Union Position: \_\_\_\_\_

Local # \_\_\_\_\_ District # \_\_\_\_\_ Submitted by:  Local  District (please check one)

Gender: Brother  Sister  Territory \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_ Day/Cell Phone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Last 4 digits of SSN/SIN: \_\_\_\_\_ IAM Book No: \_\_\_\_\_

Employer \_\_\_\_\_

#### Participant #2 of 2: (Mandatory – The following information must be filled in)

Date of School Requested: \_\_\_\_\_ English  Spanish

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Full Name (as printed on member's ID): \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Union Position: \_\_\_\_\_

Local # \_\_\_\_\_ District # \_\_\_\_\_ Submitted by:  Local  District (please check one)

Gender: Brother  Sister  Territory \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_ Day/Cell Phone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Last 4 digits of SSN/SIN: \_\_\_\_\_ IAM Book No: \_\_\_\_\_

Employer \_\_\_\_\_

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Please type or print the information below

**Mandatory - Must be completed to process enrollment:**

**SUBMITTER INFORMATION/ACCOUNTABILITY STATEMENT**

**MEMBERS CANNOT SUBMIT FOR THEMSELVES.**

**Submitter Information/Accountability Statement must be filled out by the Local Lodge President, Business Rep or General Chairperson.**

Submitted by: \_\_\_\_\_

Check One:     LL President             Business Rep             General Chairperson

Lodge No: \_\_\_\_\_ or District No: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_

Day/Cell Phone: (    ) \_\_\_\_\_ Fax No. (    ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Members CANNOT sign for themselves. This statement must be signed by the President of the Lodge. The Business Rep, or General Chairperson must sign for the President.**

Print Name: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

This is to recommend and certify that the member(s) named on this enrollment form have been actively working to promote the IAM in the following manner:

**Participant #1 Name (as appears on front of this form):** \_\_\_\_\_

Describe union related activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Participant #2 Name (as appears on front of this form):** \_\_\_\_\_

Describe union related activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*ENROLLMENTS CANNOT BE PROCESSED WITHOUT SUBMITTER INFORMATION / ACCOUNTABILITY STATEMENT.**