

# ENROLLMENT PROCEDURES

## Leadership I

- Consists of classes in the fundamentals of trade unionism, and the basic laws and operations of the IAM. This includes: Parliamentary Procedure & Organizational Administration, Labor History, Government & Politics, Role of the Steward, and Human Rights.
- No more than **two (2) enrollments** will be accepted from a lodge per year.
- Submitter must be President, Business Rep or General Chairperson. No member or officer is permitted to submit their own enrollment.
- 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. A wait list is available but not guaranteed.
- When an enrollment is processed an acceptance letter will be sent to the lodge submitter.
- Approximately 4 to 6 weeks prior to the program start date 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 programs. 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. There is 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

**2019 OFFICIAL ENROLLMENT FORM LEADERSHIP I**

Review the “Enrollment Procedures” on page 4. **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. Please type or print clearly – illegible forms will be returned.**

**DATES ARE NOT GUARANTEED**

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

Date of Program Requested – Minimum of 2 dates: **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 # \_\_\_\_\_ 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 Program Requested – Minimum of 2 dates: **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 # \_\_\_\_\_ 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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