

GL - William W. Winpisinger  
Education & Technology Center  
September 21, 2016

TO: Recording Secretaries of All Local Lodges in the United States and Canada

Dear Brothers and Sisters:

This is the Official Announcement for the 2017 Machinists' Leadership and Train-The-Trainer Programs at the William W. Winpisinger Education and Technology Center in Hollywood, Maryland. Enclosed is a complete schedule for those schools, as well as information on how your lodge may enroll the members you select to receive this leadership training.

In keeping with the discussions and actions taken by your delegates at the 2000 Grand Lodge Convention, the Executive Council has instituted an equitable formula which has allowed us to achieve our goal to provide equal opportunity for all lodges, large or small, to participate in programs at the Winpisinger Center, regardless of where they may be located in the United States or Canada.

The enclosed instructions are vitally important to help us to maintain this goal. Please read and follow them carefully, keeping in mind that they are to be used in conjunction with the September 14, 2015 Policy Letter covering "William W. Winpisinger Education and Technology Center Tuition and Transportation Subsidy and Curriculum;" all travel (U.S. & Canada) is purchased through Metropolitan Travel.

Additional educational and training programs for the members, officers, and staff will be announced as they are developed and scheduled. **In the meantime, you are urged to take action as soon as possible for enrollment of members for the programs offered in this announcement at the Winpisinger Center for 2017.**

Looking forward to your continued support of our education programs, and with best wishes, I remain

Fraternally yours,



Robert Martinez, Jr.  
International President

RM:ep  
Enclosures

cc: Executive Council, GLR's, SR's, GLA's, DBR's, BR's, AT & RR GC's, and Organizers

**2017 MACHINISTS'  
LEADERSHIP AND TRAIN-THE-TRAINER PROGRAMS  
Important Note to Lodge Officers**

The Leadership and Train-The-Trainer programs provide an educational service to all local and district lodges by assisting them in the training of their officers and activists. It is important for you to **carefully** read the enclosed "Enrollment Procedures" before recommending action to your lodge membership. In addition, please give particular consideration to the following:

1. The Leadership School Program covers a four-year period consisting of a one-week program each year. Each Leadership program must be completed before a member is eligible to go on to the next program. **Participants may not attend more than one Leadership program in a single year.**
2. Participants in the programs should be selected by the lodge on the basis of their interests, activities, and responsibilities in the local. A recommended procedure is for the Executive Board to select participants for a particular program with approval by the lodge membership.
3. Any member sent to a program at the Winpisinger Center is on an assignment from the lodge – it is not a "vacation" or "holiday." The participant's time at the Winpisinger Center will be spent in class. **Orientation is on Sunday and is mandatory.** The rest of the week starts at 8:00 a.m. - 5:30 p.m. and may involve evening classes which start at 7:00 p.m. until 9:00 p.m. Only those who will use the training for the benefit of the lodge should be sent.
4. Lodges are asked to make sure that any participant attending a program is relieved of all other lodge obligations during the week. Because of the demanding schedule of classes, there are no provisions made for excusing a participant for either union or personal business. Certificates of Completion are given only to those participants who attend all scheduled sessions from Sunday evening through the last session on Friday. Participants should be instructed not to schedule departure arrangements until after the final session. All flights will be scheduled after 3:30 pm the Friday of the program.
5. Please do not delay sending in the OFFICIAL ENROLLMENT FORM for the programs of your choice due to limited space availability.
6. **Enrollment Forms cannot be processed without complete submitter information.**

**2017 SCHEDULE**  
**Leadership & Train-The-Trainer**  
**William W. Winpisinger Education and Technology Center**

**LEADERSHIP I**

February 12 - 17  
March 26 - 31  
April 23 - 28  
May 7 - 12  
July 9 - 14  
August 6 - 11  
October 8 - 13  
November 5 - 10

**LEADERSHIP II**

March 19 - 24  
May 14 - 19  
July 16 - 21  
September 10 - 15  
October 15 - 20

**ADVANCED LEADERSHIP**

April 2 - 7  
June 18 - 23  
July 30 - August 4  
October 22 - 27  
December 3 - 8

**TRAIN THE TRAINER**

March 5 - 10  
June 4 - 9  
October 1 - 6

**Spanish Leadership School Participants**  
Please note: all materials and classroom instruction are in Spanish

**SPANISH LEADERSHIP I**

March 26 - 31  
October 8 - 13

**SPANISH LEADERSHIP II**

May 14 - 19  
September 10 - 15

**SPANISH ADVANCED LEADERSHIP**

September 24 - 29

**SPANISH TRAIN-THE-TRAINER**

August 20 - 25

*The attached forms are used for both English and Spanish programs.*

**French Leadership School Participants**  
Please note: enroll through the Canadian Office in Toronto for the French Leadership Schools.

**FRENCH LEADERSHIP I**

July 23 - 28

**FRENCH LEADERSHIP II**

July 30 – August 4

**FRENCH ADVANCED LEADERSHIP**

July 30 – August 4

# 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.
- 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 ([tdaye@iamaw.org](mailto:tdaye@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 [tdaye@iamaw.org](mailto:tdaye@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

**2017 OFFICIAL ENROLLMENT FORM LEADERSHIP I**

Review the "Enrollment Procedures" on page 4. **Email to:** [tdaye@iamaw.org](mailto:tdaye@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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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 \_\_\_\_\_

**Continued on page 6**

Please type or print the information below

**MEMBERS CANNOT SUBMIT FOR THEMSELVES.**

**Submitter information 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: \_\_\_\_\_

**\*ENROLLMENTS CANNOT BE PROCESSED WITHOUT SUBMITTER INFORMATION.**

# ENROLLMENT PROCEDURES

## Leadership II

- Enrollments open to members who have completed a Leadership I program in a previous year.
- Continuance of Leadership I program with topics such as: Collective Bargaining, Issues & Lobbying, Advanced Steward Training, Labor History and Organizing.
- 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 ([tdaye@iamaw.org](mailto:tdaye@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 [tdaye@iamaw.org](mailto:tdaye@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

### 2017 OFFICIAL ENROLLMENT FORM LEADERSHIP II

Review the "Enrollment Procedures" on page 7. **Email to:** [tdaye@iamaw.org](mailto:tdaye@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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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 \_\_\_\_\_

**Continued on page 9**



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.**

# 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 ([tdaye@iamaw.org](mailto:tdaye@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

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- 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 [tdaye@iamaw.org](mailto:tdaye@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.**

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For Office Use Only

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

### 2017 OFFICIAL ENROLLMENT FORM ADVANCED LEADERSHIP

Review the "Enrollment Procedures" on page 10. **Email to:** [tdaye@iamaw.org](mailto:tdaye@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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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 \_\_\_\_\_

Continued on page 12



# ENROLLMENT PROCEDURES

## Train-the-Trainer Program

- Enrollments open to members who have completed Leadership I, Leadership II and Advanced Leadership.
- The overall objective of the program is to train select District and Local officers in the art of teaching rank and file members in their respective jurisdictions. The central topic taught in the program is adult education methods. Participants are then instructed how to teach a wide range of subjects in the area of steward training, organizing and political economics. Each participant is expected to carry out their mission *in coordination with the GVP and Territory Education Representative*. The GVP's office and Territory Education Representative will be notified upon completion of the program.
- A recommendation must accompany the member's enrollment either from the Business Representative, General Chairperson or Local Lodge President signifying the member has been actively working, when called upon, to further the course of the IAM (see attached enrollment form).
- **Two enrollments per lodge** will be accepted each year for Train-The-Trainer.
- 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 ([tdaye@iamaw.org](mailto:tdaye@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.
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- **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

### 2017 OFFICIAL ENROLLMENT FORM TRAIN-THE-TRAINER

Review the "Enrollment Procedures" on page 13. **Email to:** [tdaye@iamaw.org](mailto:tdaye@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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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): \_\_\_\_\_ Nick Name: \_\_\_\_\_

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 \_\_\_\_\_

Continued on page 15

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.**