

# Membership Application



I wish to join SMPTE as a new (check one)

Active Member: \$80.00     Student Member: \$25.00

## Personal Information

## Professional Information

First Name      Middle      Last

Company Name

Street Address

Your Title

City      State      Zip/Country

Street Address

Date of Birth

Mail Stop or Postal Code

Please send the *SMPTE Journal* to my  Home  Office  
Please send the annual invoice to my  Home  Office  
During the months of \_\_\_\_\_ to \_\_\_\_\_ send  
the *Journal* to this Address.

City      State      Zip/Country

Office Ph.

Office Fax

E-Mail

### Student Members

Note: Students must transfer to Active Membership upon graduation. Maximum number of years as Student, is SIX.

### Payment Method:

Name of School      Date of Anticipated Graduation

Visa     MC     Amex     Check (payable to SMPTE)

Name of Faculty Advisor      Faculty Advisor Tel. No.

Card No

Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Note: \$20.00 of dues is allocated for your subscription to the *SMPTE Journal* and is non-deductible.

### SMPTE Job Classification

Please check the one category in each column that best describes what you do.

#### Job Function

- 01  Management  
02  Engineering/Technical  
03  Production  
04  Post-Production  
05  Consultant  
06  Sales/Marketing  
07  Educator  
08  Other (specify) \_\_\_\_\_

#### Business Category

- 09  TV Station/Network  
10  Non-broadcast TV (cable, industrial, etc.)  
11  Production Facility  
12  Post-Production Facility  
13  Manufacturer, Dealer, Distributer,  
Rental House  
14  Educational Institution, Gov't.,  
Research Facility  
15  Satellites, Telecommunications  
16  Computers, Multimedia  
17  Other (specify) \_\_\_\_\_

I hereby make application for SMPTE membership, and agree to be governed by the Society's Constitution and Bylaws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If recruited by a SMPTE Member, please provide recruiter's name:

Recruiter Name \_\_\_\_\_

Membership # \_\_\_\_\_

### RETURN WITH PAYMENT TO:

SMPTE Membership

Department

595 West Hartsdale Ave.,

White Plains, NY 10607

Tel: (914) 761-1100 Fax: (914) 761-3115

<http://www.smpte.org/>