

Membership Application

Office Use Only



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

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

Personal Information

Professional Info.

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 Institutional, 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, NEW YORK 10607
Tel: (914) 761-1100 Fax: (914) 761-3115
<http://www.smpte.org/>