

# 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 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.

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

### 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) \_\_\_\_\_

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/>