



Membership Application

Office Use Only

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

Active Member: \$80.00

Student Member: \$25.00

Personal Information

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip/Country _____

Date of Birth _____

Please send the *SMPTTE Journal* to my Home Office
Please send annual invoice to my Home Office
During the months of _____ to _____ send
the *Journal* to this address:

Student Members

Note: Students must transfer to Active Membership upon graduation. Maximum number of years as student, is 6.

Name of School _____ Date of Anticipated Graduation _____

Name of Faculty Advisor _____ Faculty Advisor Tel. No _____

SMPTTE Job Classification

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

- | Job Function | Business Category |
|---|--|
| 01 <input type="checkbox"/> Management | 09 <input type="checkbox"/> TV Station/Network |
| 02 <input type="checkbox"/> Engineering/
Technical | 10 <input type="checkbox"/> Non-broadcast TV (cable,
industrial, etc.) |
| 03 <input type="checkbox"/> Production | 11 <input type="checkbox"/> Production Facility |
| 04 <input type="checkbox"/> Post-Production | 12 <input type="checkbox"/> Post-Production Facility |
| 05 <input type="checkbox"/> Consultant | 13 <input type="checkbox"/> Manufacturer, Dealer,
Distributor, Rental House |
| 06 <input type="checkbox"/> Sales/Marketing | 14 <input type="checkbox"/> Educational Institution, Gov't,
Research Facility |
| 07 <input type="checkbox"/> Educator | 15 <input type="checkbox"/> Satellites, Telecommunications |
| 08 <input type="checkbox"/> Other (specify) _____ | 16 <input type="checkbox"/> Computers, Multimedia |
| | 17 <input type="checkbox"/> Other (specify) _____ |

Professional Information

Company Name _____

Title _____

Street Address _____

Mail Stop or Postal Code _____

City _____ State _____ Zip/Country _____

Office Phone _____ Office Fax _____

E-Mail _____

Payment Method:

Visa MC Amex Check (payable to SMPTTE)

Card No. _____

Exp. _____ Signature _____

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

Signature _____ Date _____

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

Recruiter's Name _____

Membership # _____

Return with payment to:

SMPTTE Membership Dept.
595 West Hartsdale Ave.,
White Plains, NY 10607
Tel: (914) 761-1100 • Fax (914) 761-3115
<http://www.smpte.org>

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