



# 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/<br>Technical | 10 <input type="checkbox"/> Non-broadcast TV (cable,<br>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,<br>Distributor, Rental House   |
| 06 <input type="checkbox"/> Sales/Marketing           | 14 <input type="checkbox"/> Educational Institution, Gov't,<br>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  
 htt://www.smpte.org

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