



# Membership Application

Office Use Only

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

Active Member: \$95.00

Student Member: \$25.00

## Personal Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Country \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please send the *SMPTE 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 \_\_\_\_\_

## SMPTE Job Classification

Please check 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, Distributor, Rental House
- 14  Educational Institution, Gov't, Research Facility
- 15  Satellites, Telecommunications
- 16  Computers, Multimedia
- 17  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 SMPTE)

Card No. \_\_\_\_\_

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

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's Name \_\_\_\_\_

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

## Return with payment to:

SMPTE 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 SMPTE Journal and is non-deductible.*