



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:

What is your primary reason for joining SMPTE? _____

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	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 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
[htt://www.smpte.org](http://www.smpte.org)

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