



# 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  
<http://www.smpte.org>

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

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