



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

- 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
[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.

MK 6/98



MEMBERSHIP RENEWAL INVOICE SMPTE

OFFICE USE ONLY

595 W. Hartsdale Avenue, White Plains, NY 10607-1824
Tel: (914) 761-1100 • Fax: (914) 761-3115
E-Mail: member@smpte.org Web Site: http://www.smpte.org

Member Name: _____

Membership No.: _____

ACTIVE.....\$95.00
FELLOW.....\$95.00
STUDENT.....\$25.00
LIFE MEMBER/LIFE FELLOW.....\$15.00 (For Journal)

SMPTE Job Classification

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Research Facility
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- 16 Computers, Multimedia
- 17 Other (specify) _____

Payment Method

Check Visa MC Amex Wire Transfer Card # _____ Expiration Date _____

Amount: \$ _____ Signature _____

Address Correction

Please print change of address, employment, title, etc.

Membership No. _____ Date of Birth _____

Member Name _____

Company (if part of address) _____

Company _____

Job Title _____

Address _____

Address _____

City _____ State _____ Zip _____

County _____ Postal Code _____

Bus. Tel. (_____) _____ Ext. _____

Fax: (_____) _____

E-Mail: _____

Job Classification

Please choose one Job Function and one Business Category that best describes what you do.

Job Function Business Category *See Above*

Student Member Only

Name of School: _____

Expected Graduation Date: _____

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT



SMPTE Membership Renewal
595 W. Hartsdale Avenue, White Plains, NY 10607
Tel.: 914-761-1100 • Fax: 914-761-3115



PAYMENT METHOD:

Check Visa MC Amex Wire Transfer
Amount Paid \$ _____ Date Paid _____

Make Check payable to **SMPTE** and return with top portion.
Payment must be in U.S. Dollars drawn on a U.S. Bank.

KEEP THIS PORTION FOR YOUR RECORDS