



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.

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