



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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