



# 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 (One Year)..... \$ 95.00

ACTIVE (Three Years)..... \$285.00

FELLOW (One Year)..... \$ 95.00

FELLOW (Three Years)..... \$285.00

STUDENT (One Year)..... \$ 25.00

LIFE MEMBER/LIFE FELLOW.....\$15.00 (For Journal)

### 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) \_\_\_\_\_

### 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**

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