



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

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) _____

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

LOOKING FOR A PRODUCT? TRY THE SMPTE WEB SITE!

Get contact names, addresses and new product developments from a link on the SMPTE home page.

One of the resources SMPTE provides is a comprehensive web site. We have over 200 company descriptions including product information and Links to Sustaining Member home pages

***SEARCH SUSTAINING MEMBER LISTINGS AND
GET THE INFO YOU WANT WITH ONE CLICK!***

To access company listings, view the SMPTE web site at <http://www.smpte.org> and click on "Sustaining Members"

