



# 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)

<u>Job Function</u>	<u>Business Category</u>
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.*

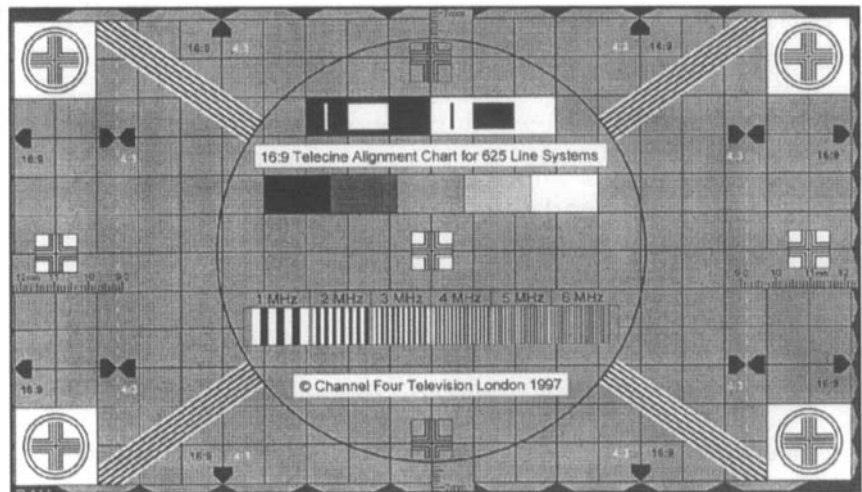
**KEEP THIS PORTION FOR YOUR RECORDS**



## CHANNEL 4 SUPER 16-MM TELECINE ALIGNMENT FILM

The BKSTS is pleased to announce the imminent availability of a new Super 16-mm telecine alignment film. It was developed at Channel 4 Television, London, in consultation with other broadcasters and the EBU. A picture of the film is shown and its principal features are:

- Main image size and position to DIN 15602 - the standard to which the majority of Super 16 is now shot.
- Calibrations for the 16:9 image required for widescreen television.
- Subsidiary calibrations for 4:3 pan-scan operation.
- Astigmatism patches for quick assessment of gate performance.
- Frequency grating from 1 MHz to 6 MHz.
- Grey scale for quick assessment of system colour balance.
- Circle and diagonals for checks of geometry and interlace.
- Linearity squares.



**Price for 25 feet (inclusive of VAT and postage): \$150.00**

You may now order through SMPTE with shipment direct from BKSTS in the U.K.

Price: \$150.00 U.S., includes air shipping.

SMPTE tel: 1-914-761-1100 SMPTE fax: 1-914-761-3115

### For easy Ordering...

The Society can now be accessed via the Internet, with an order form that allows you to e-mail your order directly to Headquarters. SMPTE's site on the World Wide Web is located at <http://www.smpte.org>.

**SMPTE Books, 595 W. Hartsdale Ave., White Plains, NY 10607.**

Please send \_\_\_\_\_ copies of the Channel 4 Test Film.

Enclosed is check for \$ \_\_\_\_\_ Charge to \_\_\_ Visa \_\_\_ AmEx \_\_\_ MC

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_