



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	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