



# Membership Application

Office Use Only

I wish to join SMPTE as a new (check one)

- Active Member: \$95.00    Student Member: \$25.00  
 Three Years: \$285.00

## 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  
<http://www.smpte.org>

*Note: \$20.00 of dues is allocated for your subscription to the SMPTE Journal and is non-deductible.*