



# 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**