



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

- 01 Management
- 02 Engineering/ Technical
- 03 Production
- 04 Post-Production
- 05 Consultant
- 06 Sales/Marketing
- 07 Educator
- 08 Other (specify) _____

Business Category

- 09 TV Station/Network
- 10 Non-broadcast TV (cable, industrial, etc.)
- 11 Production Facility
- 12 Post-Production Facility
- 13 Manufacturer, Dealer, Distributor, Rental House
- 14 Educational Institution, Gov't, Research Facility
- 15 Satellites, Telecommunications
- 16 Computers, Multimedia
- 17 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.