



# 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.smppte.org>

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