



Office Use Only

MEMBERSHIP APPLICATION

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

- Active Member**
\$125.00
- Three Years**
\$375.00
- Student Member**
\$25.00

Note: \$25.00 of dues is allocated for your subscription to the SMPTE Journal and is non-deductible.

SMPTE JOB CLASSIFICATION

Please check one category in each section 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)

I hereby make application for SMPTE membership and agree to be governed by the Society's Constitution and Bylaws.

Signature

Date

PERSONAL INFORMATION

First Name Middle Last

Street Address

City State Zip/Country

Date of Birth e-mail

Please send the SMPTE Journal to my Home Office
Please send annual invoice to my Home Office Do not sell my name/address
What is your primary reason for joining SMPTE?

PROFESSIONAL INFORMATION

Company Name Title

Street Address Mail Stop or Postal Code

City State Postal/Country

Phone Fax

e-mail Web URL

STUDENT MEMBERS

Note: Students must transfer to Active Membership upon graduation.
Maximum number of years as student member is six.

Name of School Date of Anticipated Graduation

Name of Faculty Advisor Faculty Advisor Tel. No.

If recruited by a SMPTE Member, please provide recruiter's name:

Recruiter's Name Membership #

PAYMENT METHOD

VISA MC Amex Check (payable to SMPTE)

Card No. Exp. Date Signature

Name on card

Return with payment to: SMPTE Membership Dept.
595 West Hartsdale Ave.
White Plains, NY 10607

Tel: (914) 761-1100
Fax: (914) 761-3115
www.smpte.org



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\$125.00

ACTIVE (Three Years).....\$375.00

FELLOW (One Year).....\$125.00

FELLOW (Three Years).....\$375.00

STUDENT (One Year).....\$ 25.00

LIFE MEMBER/LIFE FELLOW.....\$25.00 *(For Journal)*

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- 16 Computers, Multimedia
- 17 Other (specify) _____

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 MEMBERS ONLY

Name of School: _____

Expected Graduation Date: _____

PAYMENT METHOD

- Check Visa MC Amex Wire

Transfer Card # _____

Expiration Date _____

Amount: \$ _____ Signature _____

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