



# MEMBERSHIP APPLICATION

Office Use Only

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

- Active Member**  
\$135.00
- Three Years**  
\$405.00
- Student Member**  
\$35.00

Note: \$27.00 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 (NEEDED TO ASSIGN YOUR PASSWORD AND FOR SECTION COMMUNICATIONS) \_\_\_\_\_ 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.....\$135.00
- ACTIVE (Three Years).....\$405.00
- FELLOW (One Year).....\$135.00
- FELLOW (Three Years).....\$405.00
- STUDENT (One Year).....\$ 35.00
- LIFE MEMBER/LIFE FELLOW.....\$25.00 (For Journal P&H)

### Job Function

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### Business Category

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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: \_\_\_\_\_

(NEEDED TO ASSIGN YOUR PASSWORD AND FOR SECTION COMMUNICATIONS)

### 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**