Application for Membership
Society of Motion Picture and Television Engineers
595 West Hartsdale Ave., White Plains, N.Y. 10607

OFFICE USE ONLY

I wish to apply for SMPTE membership. The grade I desire is:

☐ **Active*** Dues: $50.00 ☐ Transfer in grade_____

☐ **Associate** Dues: $50.00 ☐ Transfer in grade_____

☐ **Student** Dues: $15.00 ☐ Transfer in grade_____

Payment by: (check one) ☐ **Visa** ☐ **Mastercard** ☐ **American Express** ☐ **Check** (Payable in U.S. Funds at a U.S. Bank)

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Exp. Date Mo.** ☐ **Yr.** ☐

PLEASE PRINT
Name (FIRST) (M.I.) (LAST) _____

Mailing address _____ **City** _____ **State** _____ **Postal Code** _____

Employer _____ **Title or Position** _____ **Phone #** ( ) _____

Employment address _____ **City** _____ **State** _____ **Postal Code** _____

Previous employers and your position with each _____

Primary field of occupation (check one only) ☐ Motion Pictures ☐ Television ☐ Television Film

Date of birth _____ ☐ **Student—date of graduation** _____ mo. yr.

Education

Schools Attended	Years in which courses taken	Degrees

***Qualifications (Active only).** Refer to Active membership requirements on the back of this page and describe your qualifications below, giving dates. Please circle if you are applying under requirement 1, 2, 3 or 4. If more space is needed, attach an additional sheet.

_____

_____

_____

_____

_____

RECOMMENDATIONS

For Active Membership

The sponsor must be an Active, Fellow, or Honorary Member of the Society.

I am pleased to sponsor this applicant for Active Membership based on the written qualifications.

Sponsor's Signature_____

Print Name_____

Membership Grade_____

For Associate Membership

Provide either one of the following:

A. Member's recommendation. Ask a member to complete the following statement: I am pleased to recommend this applicant for Membership in the SMPTE.

Sponsor's Signature_____

Print Name_____

Membership Grade_____

B. In lieu of the above, furnish the names of two nonmembers active in the industry who may be contacted as references.

Name_____

Address_____

Name_____

Address_____

For Student Membership

An SMPTE Member, or any faculty member of the student's institution, can satisfy the reference requirement by signing the statement below.

I hereby certify that the above applicant is registered as a student in a regular course of study for at least a half-time program, and has an interest in the technology of motion pictures, television, or the related arts and sciences.

Signature_____

Print Name_____

Title of Faculty Member_____

or SMPTE Membership Grade Date_____

If elected to membership, I agree to be governed by the Society's Constitution and Bylaws as long as I am a member.

Dated_____ Signed_____

This form may be duplicated. **Confidential. This form is for SMPTE records only.**

MAIL WITH PAYMENT OR CREDIT CARD NO. TO SMPTE MEMBERSHIP DEPARTMENT

PLEASE ALLOW 8 WEEKS FOR DELIVERY OF FIRST JOURNAL.