



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 Motion Imaging 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 Motion Imaging 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