



# SMPTE NEW & RENEWAL MEMBERSHIP APPLICATION

Office Use Only

I wish to join, renew SMPTE Membership (check one)

- New     Renewal
- Active Member or Fellow \$135.00
- Three Years \$405.00
- Student Member \$35.00
- Life Member/Life Fellow \$25.00 (For Journal P&H)
- SMPTE/BKSTS Joint Membership \$258 (15% savings)\*

\* See SMPTE Website for more information.

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
Membership Number (Renewal only)		
Street Address		
City	State	Zip/Country
Date of Birth	E-mail	
Please send the SMPTE Motion Imaging Journal to my		<input type="checkbox"/> Home <input type="checkbox"/> Office
Please send annual invoice to my		<input type="checkbox"/> Home <input type="checkbox"/> Office
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 #
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## PAYMENT METHOD

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> Amex	<input type="checkbox"/> Check (payable to SMPTE)
Card No.	Exp. Date	Signature	
Name on card			

Return with payment to: SMPTE Membership Dept.  
3 Barker Ave.  
White Plains, NY 10601

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