



Office Use Only

# MEMBERSHIP APPLICATION

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

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

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.smppte.org