



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 Home Office

Please send annual invoice to my Home 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 # _____

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

SMPTE Now Offers Digital Cinema and HDTV Test Materials from the DCI-ASC Mini-Movie Under License



Available material on external computer hard drives includes:

1. StEM Uncompressed Mini-Movie with Trailer (prices include hard drives)

- | | | |
|----|--|---------------|
| a. | 4096x2160 (1714), 16 bit Tiff Files, X', Y', Z' Color Corrected
[Running Time ~12 minutes, 17239 frames, 41MB/frame, ~682 GB] | \$4,000.00 US |
| b. | 4096x2160 (1714), 16 bit Tiff Files, R', G', B' Color Corrected
[Running Time ~12 minutes, 17239 frames, 41MB/frame, ~682 GB] | \$4,000.00 US |
| c. | 2048x1080 (857) 16 bit Tiff Files, X', Y', Z' Color Corrected
[Running Time ~12 minutes, 17704 frames, 11 MB/frame, ~170 GB] | \$1,500.00 US |
| d. | 2048x1080 (857) 16 bit Tiff Files, R', G', B' Color Corrected
[Running Time ~12 minutes, 17704 frames, 11 MB/frame, ~170 GB] | \$1,500.00 US |
| e. | HD, SMPTE 274M 1920x1080 (803) Y,Pb,Pr,
[Running Time ~12 minutes, 17407 frames, 12 MB/frame, ~190 GB] | \$1,500.00 US |



Sample Frame from DCI-ASC Mini-Movie

To order, please circle product

Methods of payment: Check Credit Card Bank Transfer

Check payable in U.S. dollars on a U.S. bank.

Bank transfer to Bank of New York, 48 Wall Street, New York, NY ABA

021000018,

Society of Motion Picture & Television Engineers. Account # 0005-217024

SMPTE Test Materials

595 W. Hartsdale Avenue
White Plains, NY 10607 USA

Tel: +1 914 761 1100

Fax: +1 914 761 3115

E-mail: cgirod@smpte.org

Credit Card: **MC** **VISA** **AmEX**

Card Number _____ Expiration Date _____

Authorized Signature _____

Name _____ Title: _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

**Purchasers must complete a user license application, downloadable at
http://www.smpte.org/smpte_store/test_materials.**