

# SMPTE Membership Application



### I wish to:

- Join
- Renew

the Society of Motion Picture and Television Engineers.

### Membership Type

- Active/Fellow \$135
- Three Years \$390
- Student \$35
- Life Member/Life Fellow \$25\*
- SMPTE/BKSTS Joint \$280\*\*

\* For Journal P&H

\*\* (15% savings) See SMPTE website at [www.smppte.org](http://www.smppte.org) for more information. Refl ects an increase in BKSTS dues.

**Note:** \$27.00 of dues is allocated for your subscription to the *SMPTE Motion Imaging Journal* and is non-deductible.

I hereby make application for SMPTE membership and agree to be governed by the Society's constitution and bylaws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Personal Information

Mr.  Ms.  Mrs.  Dr.

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth (required for determining life membership eligibility) \_\_\_\_\_

### Contact Information

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Billing Information

Company \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

### Mailing Address for Journal

All membership and renewal invoices are sent to your Billing Address. If you would like to use a different address for receiving your Journal, please enter it below.

Use my Billing Address as my mailing address

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

SMPTE makes its print mailing (NOT e-mail) list available to qualified, relevant business organizations. If you want to be excluded from receiving these offers, please check here.

### Student Members

Students must transfer to Active Membership upon graduation. Maximum number of years as student members is six. Student members must fax a copy of their current student ID to 914-761-3115.

Name of School \_\_\_\_\_

Faculty Advisor Name \_\_\_\_\_ Faculty Advisor Phone \_\_\_\_\_

**Recruiter Name** (if applicable) \_\_\_\_\_

### Payment

Amount Enclosed \$ \_\_\_\_\_

Check # \_\_\_\_\_

American Express  Discover  MasterCard  Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

### Return with Payment to:

Society of Motion Picture and Television Engineers  
3 Barker Ave.  
White Plains, NY 10601  
Ph: 914-761-1100  
Fax: 914-761-3115  
[www.smppte.org](http://www.smppte.org)