

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* |

* For Journal P&H

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