

# SMPTE Membership Application



## I wish to:

- Join  
 Renew

the Society of Motion Picture  
and Television Engineers.

## Membership Type

- Active/Fellow Professional (1 Year) \$145  
 Active/Fellow Professional (3 Years) \$420  
 Active/Fellow Professional with Standards Community (1 Year) \$395  
 Active/Fellow Professional with Standards Community (3 Years) \$1,170  
 Executive (1 Year) \$255  
 Executive with Standards Community (1 Year) \$505  
 Associate\* \$45  
 Student \$10  
 Life Member/Life Fellow with Journal Subscription \$35

\*Current Active/Fellow members cannot downgrade to Associate level. This level is only available to new members and graduating Student members.

Note: For those memberships receiving the *Motion Imaging Journal*, \$35 of annual dues is allocated to your subscription and is non-deductible. A complete list of member benefits is available at [www.smpete.org](http://www.smpete.org).

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

Signature

Date

## Return with Payment to:

**Society of Motion Picture  
and Television Engineers**  
3 Barker Ave. Fl 5  
White Plains, NY 10601  
**T:** +1 914 761 1100  
**F:** +1 914 761 3115  
[www.smpete.org](http://www.smpete.org)

All Dues are Listed in US Dollars.

## Personal Information

Mr.  Ms.  Mrs.  Dr.

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

Title \_\_\_\_\_

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

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

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

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

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

## Company Information THIS ADDRESS WILL BE INCLUDED IN THE MEMBERSHIP DIRECTORY

Company \_\_\_\_\_

Address \_\_\_\_\_

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

## Billing Information

Use my mailing address for billing  Use my company address for billing

Company \_\_\_\_\_

Address \_\_\_\_\_

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

## Mailing Address

Use my billing address for mailing  Use my company address for mailing

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 Associate or 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 +1 914 761 3115 or e-mail [membership@lists.smpete.org](mailto:membership@lists.smpete.org).

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

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

## Payment

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

Check # \_\_\_\_\_  American Express  Discover  MasterCard  Visa

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

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

Signature \_\_\_\_\_

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