

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 for more informa-
tion. Reflects 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 _____

SMPTE 2008

**Recruit-a-Member
Campaign**

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