

SMPTE

Membership Application



I wish to:

- ☐ Join
☐ Renew

the Society of Motion Picture
and Television Engineers.

Membership Type

- ☐ Active/Fellow Professional (1 Year) \$165
☐ Active/Fellow Professional (3 Years) \$455
☐ Active/Fellow Professional with Standards Community (1 Year) \$665
☐ Active/Fellow Professional with Standards Community (3 Years) \$1,665
☐ Executive (1 Year) \$275
☐ Executive with Standards Community (1 Year) \$775
☐ Associate* \$75
☐ Student \$15
☐ Life Member/Life Fellow with Journal Subscription \$50

*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 *SMPTE 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.smppte.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**
445 Hamilton Ave Ste 601
White Plains, NY 10601-1827
T: +1 914 761 1100
F: +1 914 761 3115
www.smppte.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.smppte.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 _____