

# SMPTTE Membership Application



## I wish to:

- Join  
 Renew

the Society of Motion Picture and Television Engineers.

## Membership Type

- Active/Fellow Professional (1 Year) \$135  
 Active/Fellow Professional (3 Years) \$390  
 Active/Fellow Professional with Standards Community (1 Year) \$335  
 Active/Fellow Professional with Standards Community (3 Years) \$990  
 Active/Fellow Executive (1 Year) \$245  
 Active/Fellow Executive with Standards Community (1 Year) \$445  
 Associate\* \$35  
 Student \$35  
 Life Member/Life Fellow with Journal Subscription \$25

\* 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*, \$27 of annual dues is allocated to your subscription and is non-deductible. A complete list of member benefits is available at [www.smpte.org](http://www.smpte.org).

I hereby make application for SMPTTE 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) \_\_\_\_\_

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

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

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

Recruiter Name (SMPTTE Italian Section) \_\_\_\_\_

## 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 \_\_\_\_\_

SMPTTE 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 914-761-3115 or e-mail [membership@lists.smpte.org](mailto:membership@lists.smpte.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 \_\_\_\_\_

## 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.smpte.org](http://www.smpte.org)