

## ACADEMY OF TELEVISION ARTS & SCIENCES

## MEMBERSHIP APPLICATION

5220 Lankershim Boulevard, North Hollywood, CA 91601 • phone: 818.754.2800 • fax: 818.754.2808

Please print and complete the entire membership application; incomplete applications will be returned. Submit by fax 818-754-2808 or mail to above address . Processing time for applications is 4-6 weeks. You will be notified by mail of your acceptance.

Please indicate where you want to receive	mail: 🔲 HOME	OFFICE	
NAME		NAME OF BUSINESS	
STATE	ZIP	STATE	ZIP
PHONE		PHONE	
FAX		FAX	
	EMAIL		
December 2012 PLEASE NOTE: With few exceptions, all	Television Academy correspo	ndence is by email.	
I am applying for:	ACTIVE Mem	pership 🔲 A	SSOCIATE Membership
<b>PEER GROUP:</b> You may join <b>one</b> per Membership Requirements, the number of			
<ul> <li>ANIMATION</li> <li>ART DIRECTORS/SET DECORATORS</li> <li>CASTING DIRECTORS</li> <li>CHILDREN'S PROGRAMMING</li> <li>CINEMATOGRAPHERS</li> </ul>	LOS ANGELES ARE	DIA CARACTERIA CA	DUBLIC RELATIONS REALITY PROGRAMMING SOUND SOUND EDITORS SPECIAL VISUAL EFFECTS

**STUNTS** 

**WRITERS** 

TITLE DESIGN

□ TELEVISION EXECUTIVES

- COSTUME DESIGN & SUPERVISION
- DAYTIME PROGRAMMING
- DOCUMENTARY PROGRAMMING

\*Music applicants must attach cue sheets and furnish the following:

<ul> <li>aggregate length of musical cues in minutes</li> </ul>	aggregate length of shows with cues

□ PROFESSIONAL REPRESENTATIVES

□ PRODUCTION EXECUTIVES

• underline or circle name on cue sheets submitted.

\*\* Performers must include photo and resumé and specify number of episodes along with air dates and character name.

PERFORMERS\*\*

**PRODUCERS** 

□ PICTURE EDITORS

**ENDORSERS' SIGNATURES:** TWO endorsements are required and must be signed by ACTIVE members of the Television Academy. **One endorser must be from the peer group to which you are applying.** If you have received a Primetime or Daytime Emmy nomination within the past four years, endorsers are not required.

NAME (please print)	SIGNATURE	PEER GROUP	
NAME (please print)	SIGNATURE	PEER GROUP	
PRIMETIME AND/OR DAYTIME EMMY NOMINATION RECEIVED WITHIN THE PAST FOUR YEARS: (Include all information below)			
NAME OF SHOW	NETWORK	CATEGORY	YEAR
			MEMBERSHIP APPLICATION

CREDITS AND/OR POSITIONS: You must complete all information below for verification or the application will be considered incomplete and will be sent back to you. In addition to this required data, PLEASE ATTACH YOUR RESUMÉ.

EMPLOYER/SHOW	DATES (month/year)	TITLE/POSITION/ CHARACTER NAME	# OF EPISODES (If Applicable)	# OF ON-AIR HOURS	CONTACT NAME & PHONE NUMBER

I hereby apply for membership in the Academy of Television Arts & Sciences and, if accepted, agree to abide by all the rules and regulations as provided in its Articles and Bylaws. Further, I certify that the foregoing information is correct.

APPLICANT SIGNATURE		DATE		
APPROVED BY PEER GROUP GOVERNOR AND/OR MEMBERSHIP REPRESENTATIVE		Please check one box indicating approved applicant status.		
		National Active	L.A. Area Active	
SIGNATURE	DATE	National Associate	L.A. Area Associate	

FILM GROUP: For an additional \$75 annual fee you may join the Film Group, entitling you and a guest to attend over 50 screenings per year of new theatrical motion pictures for a total value of over \$1000. Membership in the Film Group is open to all members and is subject to availability. SCREENINGS ARE HELD IN THE LEONARD H. GOLDENSON THEATRE IN NORTH HOLLYWOOD.

## NO APPLICATION WILL BE PROCESSED WITHOUT THE REQUIRED FEES AND DUES

Membership includes a subscription to *emmy*, the magazine of the Academy of Television Arts & Sciences.

<b>PAYMENT INFORMATION:</b> (A one-time, non-refundable \$10 application fee is included in the amounts below)
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Active Membership	\$ 185.00	TOTAL DUES:	
Associate Membership	\$ 110.00		
Film Group (optional)	\$ 75.00	\$	
CHECK/MONEY ORDER enclosed payable to Academy of Television Arts & Sciences. NOTE: There is a \$10 charge for returned checks.			
CHARGE:			
Mastercard	ACCOUNT NUMBER		EXP. DATE (MO/YR)
🖵 Visa			
AMEX	AUTHORIZING SIGNATURE		

To better understand the composition of our members and thereby inform our planning processes, we ask all applicants to provide the following information. Doing so is voluntary. Data collected is known only to our staff in a summary statistical form.

SEX: Male Female

## ETHNICITY/RACE - please check those that apply

Asian/Pacific Islander

- Native American/Alaska Native
- Black/African American
- Caucasian

Hispanic/Latino/Chicano

Multi-Racial

Other
Decline to S

Decline to State