



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 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

I prefer not to receive Television Academy correspondence via email.

**I am applying for:**  **ACTIVE Membership**  **ASSOCIATE Membership**

**PEER GROUP:** You may join **one** peer group only. Please check one of the boxes below. Refer to our website at [www.emmys.tv](http://www.emmys.tv) for the Membership Requirements, the number of screen credits and years of experience necessary to qualify for the Peer Group.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ANIMATION                    | <input type="checkbox"/> INTERACTIVE MEDIA            | <input type="checkbox"/> PUBLIC RELATIONS  |
| <input type="checkbox"/> ART DIRECTORS/SET DECORATORS | <input type="checkbox"/> LOS ANGELES AREA             | <input type="checkbox"/> SOUND   |
| <input type="checkbox"/> CASTING DIRECTORS            | <input type="checkbox"/> MAKEUP ARTISTS/HAIRSTYLISTS  | <input type="checkbox"/> SOUND EDITORS   |
| <input type="checkbox"/> CHILDREN'S PROGRAMMING       | <input type="checkbox"/> MUSIC*                       | <input type="checkbox"/> SPECIAL VISUAL EFFECTS                                      |
| <input type="checkbox"/> CINEMATOGRAPHERS             | <input type="checkbox"/> NONFICTION PROGRAMMING       | <input type="checkbox"/> STUNTS  |
| <input type="checkbox"/> COMMERCIALS                  | <input type="checkbox"/> PERFORMERS**                 | <input type="checkbox"/> TELEVISION EXECUTIVES                                       |
| <input type="checkbox"/> COSTUME DESIGN & SUPERVISION | <input type="checkbox"/> PICTURE EDITORS              | <input type="checkbox"/> TITLE DESIGN  |
| <input type="checkbox"/> DAYTIME PROGRAMMING          | <input type="checkbox"/> PRODUCERS                    | <input type="checkbox"/> WRITERS, Please call (818) 754-2800 for special application |
| <input type="checkbox"/> DIRECTORS                    | <input type="checkbox"/> PRODUCTION EXECUTIVES        |  |
| <input type="checkbox"/> ELECTRONIC PRODUCTION        | <input type="checkbox"/> PROFESSIONAL REPRESENTATIVES |  |

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

- aggregate length of musical cues in minutes \_\_\_\_\_
- aggregate length of shows with cues \_\_\_\_\_
- 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.

**ENDORSEMENTS' 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 |
|--------------|---------|----------|------|
|              |         |          |      |

**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<br>(month/year) | TITLE/POSITION/<br>CHARACTER NAME | # OF<br>EPISODES<br>(If Applicable) | # OF<br>ON-AIR<br>HOURS | CONTACT NAME &<br>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.

**PAYMENT INFORMATION:** (A one-time, non-refundable \$10 application fee is included in the amounts below)

Active Membership \$ 160.00

TOTAL DUES:

Associate Membership \$ 85.00

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

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

Other \_\_\_\_\_

Black/African American

Hispanic/Latino/Chicano

Decline to State

Caucasian

Multi-Racial