

ACADEMY OF TELEVISION ARTS & SCIENCES

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Membership Reinstatement Form

The following information must be completed and returned with your reinstatement fee.
Please check box to indicate where you would like to receive mail.

YOUR NAME _____

COMPANY NAME _____

OFFICE ADDRESS _____

OFFICE PHONE _____ / _____ FAX _____ / _____

HOME ADDRESS _____

HOME PHONE _____ / _____ FAX _____ / _____

EMAIL ADDRESS _____

PLEASE NOTE: With few exceptions, all Television Academy correspondence is by email.

List all positions held and/or credits received in the last 4 years on form below to be added to your existing records. Additional credits can be listed on an attached sheet or include a resume.

DATE(S)	PROGRAM TITLE OR EMPLOYER	TITLE/POSITION	# OF AIRED HOURS Specify Series, Movie, Miniseries or Special	CONTACT NAME & PHONE

SIGNATURE OF MEMBER _____ DATE _____

FILM GROUP For an additional \$75 annual fee you may join the Film Group, entitling you and a guest to attend screenings of 60 new motion pictures per year for a total value of over \$1,200. Screenings are held in the Leonard H. Goldenson Theater in North Hollywood.

_____ Check here for Film Group. (Please include an additional \$75 with your payment).

Active Membership dues for one year are \$150.00 - Associate at \$75.00 plus a one-time reinstate fee of \$10.00 for a total of 160.00/85.00. Checks are to be made payable to ATAS. Payment for membership must be enclosed with this application in order to be processed.

Check enclosed CARD NUMBER _____ EXP _____

VISA

MasterCard AUTHORIZING SIGNATURE _____

To better understand the composition of our membership, we are asking you to provide the following information. Doing so is voluntary. Data collected is known only to the staff and is presented in a summary statistical form.

SEX: ETHNICITY/RACE: African American Caucasian
 Male Female Native American Asian Latino/Hispanic _____