

## Academy of Television Arts & Sciences Membership Records Update

The following information must be completed and returned with your renewal 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 \_\_\_\_\_

**I WOULD RATHER RECEIVE ACADEMY MAILINGS VIA EMAIL WHENEVER POSSIBLE:** Yes  No

List all positions held and/or credits received within the LAST YEAR on form below to be added to your existing ATAS records. This information is essential for our records. (Please attach any additional sheets.)

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

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

If you are an Associate member and are interested in Active member status or if you wish to change your peer group, please check the membership requirements and download a Peer Group Change Form from our website ([www.emmys.tv](http://www.emmys.tv)) or call the Membership Department at (818) 754-2800.

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: Male  Female  ETHNICITY/RACE:  African American  Caucasian  Native American  
 Asian  Latino/Hispanic  \_\_\_\_\_