

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 _____

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

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) or call the Membership Services 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 _____