

Academy of Television Arts & Sciences

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ACADEMIC STUDENT MEMBERSHIP APPLICATION



NAME _____

MAILING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

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

COLLEGE OR TRADE SCHOOL YOU ARE ATTENDING _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EXPECTED DATE OF GRADUATION OR COMPLETION (month/year) _____ MAJOR _____

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE OTHER

FACULTY SPONSOR SIGNATURE: _____ DEPARTMENT: _____ PHONE: _____

You must be a college/trade school student or a recent graduate to be eligible for Academy membership. You must include a photocopy of your CURRENT REGISTRATION and CLASS SCHEDULE, a current Degree Progress Report or a diploma with your completed application. Student applications are accepted throughout the academic year, and must be accompanied by proof of current registration, DPR or graduation. Dues for one year are \$25.00, and checks are to be made payable to ATAS. Payment for membership must be enclosed with this application in order to be processed. You may continue your student membership for two years from your date of graduation. When you have the appropriate industry credits you may apply as an Associate or Active member (please refer to the Membership Requirements listed at www.emmys.tv).

I certify that I am a student as defined by my university or trade school, or a recent graduate.

SIGNATURE _____ DATE _____

FILM GROUP For an additional \$75 annual fee you may join the Film Group, entitling you and a guest to attend screenings of up to 60 new motion pictures per year for a total value of over \$1,000. 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).**

Dues for one year are \$25.00. 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 _____