



Application for **Educator/Student** Membership

Dear Applicant,

Thank you for applying for membership with the Society of Camera Operators. The **Educator Membership** enables full-time faculty members to be a valuable link between the Society of Camera Operators and film students, and gives members access to SOC events, resources and networking opportunities with some of the finest and most respected professional Camera Operators in the industry.

Student Membership enables full-time students to become familiar with the art and craft of the Camera Operator and benefit from personally getting to know some of the finest and most respected professional Camera Operators in the industry.

Benefits of Educator/Student Membership:

- Subscription to the Society's quarterly magazine, *Camera Operator* and membership eNewsletter.
- Access to meetings, seminars and Society functions.
- The opportunity to attend the SOC Lifetime Achievement Awards.
- Your name listed in the membership roster on the SOC website and *Camera Operator* magazine.
- If a Student Associate Member wishes to become an Associate Member of the SOC upon graduation, they will be exempt from the Associate Membership initiation fee (a \$100 savings). A new application must be submitted within one year of graduation. SOC Student Associate Membership is only open to students actively enrolled in an undergraduate or graduate educational program.
- Access to our Membership Content portal.

What To Send:

EDUCATOR Membership

- A letter from the Dean/school Administrator stating you are employed at a college/university OR a copy of your faculty ID.
- The \$50.00 USD initiation fee for educator membership. Make check or money order payable to Society of Camera Operators. **Note:** Annual dues of \$50.00 USD will be due in your Anniversary month.

STUDENT Membership

- A letter from a faculty member/school Administrator stating you are a full-time Student OR a copy of your student ID and evidence of a full-time academic schedule.
- A letter from you stating your reasons for applying to the SOC for Student Associate membership.
- The \$50.00 USD application fee for student membership. Make check or money order payable to Society of Camera Operators. **Note:** Annual dues of \$50.00 USD will be due in your Anniversary month.

Where To Send:

You can email your application to:

membership@soc.org

Or you may mail it to us at the following address:

Society of Camera Operators

Attn: Membership Committee Chairperson

PO Box 2006

Toluca Lake, CA 91610



Application for Educator/Student Membership

Check# _____
Amount: _____
Date: _____

Office Use Only

Type of Membership:

Educator

Student

Reinstate

Select Educator or Student

Name: _____
First Middle Last

Mailing Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email _____ Website: _____

Providing your email address grants us permission to keep you informed of SOC news and events via this medium. It will not be sold or provided to any third party for any reason. All SOC email originates from our Webmaster. You may opt-out any time.

School: _____

For Educator Applicants

Courses Currently Teaching: _____

For Student Applicants

Expected Graduation Date: _____ Terminal Degree: _____

Professional Objective: _____

Fees:

Initiation (One-Time)

Submit with application

Dues (Annual)

Due in your Anniversary Month

Student Membership	\$50	\$50
Educator Membership	\$50	\$50
Reinstate – Student Membership	\$50	
Reinstate – Educator Membership	\$50	

Applicant's Signature: _____

(Office Use Only)

PRESIDENT: _____ Date Approved: _____

APPROVING BOARD MEMBER: _____ Approved Membership Type: _____



Credit Card Payment Authorization Form

DATE: _____

ATTENTION: ACCOUNTS RECEIVABLE DEPARTMENT
Society of Camera Operators
P.O. Box 2006
Toluca Lake, CA 91610
TEL: (818) 563-9110 FAX: (818) 563-9117

I authorize Society of Camera Operators to charge the following credit card:

COMPANY/ CUSTOMER NAME: _____

CREDIT CARD TYPE: Visa MasterCard Discover Amex

CREDIT CARD NUMBER: _____

CREDIT CARD HOLDER NAME: _____

CREDIT CARD ADDRESS: _____

EXPIRATION DATE: _____

SECURITY CODE (CVV): _____

Visa, MC & Discover CVV Location: Three-digit number on the back of your credit card, immediately following your main card number.

Amex CVV Location: Four-digit number located on the front of your credit card, to the right above your main credit card number.

Please charge the following (Check One):

Invoice Number(s): _____

Total Amount: \$ _____

All Invoices Billed

One-time charge of \$ _____

Equal payments of \$ _____, charged

Monthly Quarterly Annually

Beginning on the following date: _____

CARDHOLDER SIGNATURE: _____