



# Application for **Active/Associate** Membership

Dear Applicant,

Thank you for applying for members with the Society of Camera Operators. Enclosed you'll find the Society's membership application for Active and Associate membership. In order to consider your request, please complete the form and return it by postal mail with your initiation fee payment attached. Your application will be voted on at the next monthly Board of Governors meeting. Membership is granted at the discretion of Board of Governors.

## **What is the difference between Active and Associate membership?**

Active Members are able to demonstrate significant accomplishments as a camera operator with noteworthy credits and experience for a period of five years or more with operating being a significant part of their primary professional effort. Active Members may vote and use the SOC post-nominal initials after their name for camera operating screen credits.

For industry professionals who share a mutual interest in the craft of camera operating, we offer the proud alliance of "Associate Member." Associate membership is encouraged as a dignified intermediate step toward Active membership for those waiting to qualify as Active, or for those engaged in a related technical area such as: directors of photography, directors, camera assistants, etc. who do not claim camera operating as their main professional focus.

## **ACTIVE Membership Qualifications:**

- Be able to demonstrate significant accomplishment as a camera operator with noteworthy credits in your area of concentration. Please include a current list of credits with your application that includes dates and positions for each project.
- Be able to provide credits demonstrating your experience as a camera operator for a period of five (5) years or more.
- In addition, being a camera operator must be a significant part of your primary professional effort.
- You must be sponsored by an Active member in good standing and that individual must sign your application. If you do not have a sponsor, you must include three letters of recommendation from industry professionals.

## **ACTIVE Membership Benefits:**

- Use of SOC initials after your name for camera operating screen credits only.
- Your name listed in the membership roster on the SOC website and in the *Camera Operator* magazine
- Full voting privileges for Society's elections and Awards.
- Ability to run for committees and board seats.
- A personalized membership certificate.
- Various editorial and speaking opportunities representing the art and craft of camera operating
- Access to meetings, seminars and Society functions.
- Subscription to the Society's quarterly magazine: *Camera Operator* magazine and membership eNewsletter.
- Access to our Membership Content portal.

## **ASSOCIATE Membership Qualifications:**

SOC welcomes members of all crafts that share a mutual interest in camera operating or are engaged in the technical or creative arts. Associate membership is also the category for camera operators that have not yet gained the experience needed to qualify for Active membership.

## **ASSOCIATE Membership Benefits:**

- Your name listed in the membership roster on the SOC website and in the *Camera Operator* magazine.
- Various editorial and speaking opportunities representing the art and craft of camera operating
- Access to meetings, seminars and Society functions.
- Subscription to the Society's quarterly magazine: *Camera Operator* magazine and membership eNewsletter.
- Access to our Membership Content portal.

## **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 **Active/Associate** Membership

Check#: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date: \_\_\_\_\_

*Office Use Only*

### Type of Membership:

Active

Associate

Reinstate

Select Active or Associate

### If you select Active but do not qualify, you will be accepted as an Associate Member, unless you specify otherwise.

Associate Members are a significant part of SOC Membership. We ask all applicants to consider Associate Membership, which allows you to still participate in the SOC and help support its initiatives and dedication to the art and craft of the operator. Associate Members can apply to upgrade to Active Membership at any time as their career as a Camera Operator continues to grow. You will receive a refund for the difference of your application fee, unless you note otherwise below.)

NO (I do not want to be accepted as an Associate Member. You will receive a refund for the full amount)

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.

IMdB Link: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Years in television, motion pictures or broadcast related field: \_\_\_\_\_ Years in present position: \_\_\_\_\_

**Please include a current list of credits with your application, specifying the dates and your position on each credit.**

**If you have provided a credit card as a form of payment for your application fee, it will be charged upon receipt of your application.**

Applicant's Signature: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Sponsor's Phone: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Sponsor's Email: \_\_\_\_\_

As the applicant's sponsor, I ensure that the foregoing applicant wishing to be an Active Member in the Society of Camera Operators (SOC), is presenting himself/herself as a Camera Operator whose primary occupation is as a Camera Operator with a minimum industry experience of five (5) years in this position shown by dated resume credits. All other applications submitted that do not meet these requirements will be considered as an Associate Member by the Board of Governors of the SOC.

### Fees:

#### Initiation (One-Time)

Submit with application

#### Dues (Annual)

Due in your Anniversary Month

Active Membership

\$250

\$175

Associate Membership

\$175

\$115

Reinstate – Active Membership

Annual Dues + \$50

Reinstate – Associate Membership

Annual Dues + \$50

Upgrade – Active Membership

\$150

Upgrade – Associate Membership

No fee

(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: \_\_\_\_\_