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REFERENCES

Three required. One MUST have supervised your work.

Table with 4 columns: Name, Company Name and Location, Position or Title, Phone

PROFESSIONAL SOCIETIES

Table with 4 columns: Name, Year Joined, Member Grade Attained, Offices Held

OTHER PROFESSIONAL LICENSES OR CERTIFICATES

Empty box for other professional licenses or certificates

SPECIAL ACHIEVEMENTS

List awards, patents, books, articles, short courses, seminars related to broadcast-communications technology, etc.

Empty box for special achievements

SBE MEMBERSHIP: [] YES, I wish to take advantage of the optional SBE membership included in the non-member certification fee. [] I am already an SBE Member, #_____ [] Decline SBE Membership

If accepting, select level of membership: [] Regular Member [] Associate Member [] Reinstatement (former #_____)

[] Student Member - Must provide contact information for faculty advisor, dean, department chair, registrar, etc., for SBE to use to verify your student status: Name _____ Title _____

E-mail _____ Phone (_____) _____

If accepted, please enroll me in Local Chapter # _____ Location: _____

Sponsor's Name/Who introduced you to SBE? (optional): _____

Have you ever been convicted of a felony? [] Yes [] No If yes, describe in full. (Use additional paper if necessary.)

SBE dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. SBE estimates that 1% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.

If you are applying for Certification by Examination, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: _____

Upon certification, please notify my employer: [] No [] Yes If yes, complete name, title and address below:

Company _____ Employer Name _____ Title _____

Address _____ City _____ State _____ Zip _____

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved for SBE Membership, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

Date _____ Signature (in ink) _____

RETAIN A COPY OF YOUR APPLICATION!

NOTE: If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.