



SOCIETY OF BROADCAST ENGINEERS, INC.

9102 North Meridian Street, Suite 150 • Indianapolis, IN 46260
Phone: (317) 846-9000 • Fax: (317) 846-9120 • Website: www.sbe.org

APPLICATION FOR LIFE MEMBERSHIP AND CERTIFICATION

- ◆ **LIFE MEMBERSHIP:** Requirements for life membership, according to the SBE by-laws section 1(g): “Any Member or Fellow in good standing who has retired from full employment and who has been a member in good standing for **TEN (10)** or more consecutive years immediately preceding application, may, at his request, be placed on the Life Membership list.” There is an application fee of \$35, which must be included with the application.
- ◆ **LIFE CERTIFICATION:** If you are retired from regular full-time employment and are currently certified by SBE, you may be granted certification for life, if you so request. There is a processing fee of \$50, which must be included with the application.
- ◆ **LIFE CERTIFICATION** may also be granted to Professional Broadcast Engineers and Senior Broadcast Engineers who have maintained Certification continuously for **TWENTY (20)** years and are current members of SBE upon application. There is a processing fee of \$50, which must be included with the application.

If you feel you qualify under one of the above provisions for **LIFE MEMBER** and/or **LIFE CERTIFICATION**, please complete the following information, sign, date and return this application to the SBE National Office. Your request will then be sent to the appropriate committee for approval.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership #: _____ Grade: _____ Certification # _____ Level: _____

I HAVE BEEN A MEMBER OF THE SOCIETY CONTINUOUSLY FOR _____ YEARS.

Date of Retirement: _____ Birth Date: _____

Daytime Phone: _____ E-mail: _____

Chapter: _____

- I am requesting **Life Membership** in the Society of Broadcast Engineers. I have included the \$35 application fee.
- I am requesting **Life Certification** as provided in the SBE Program of Certification. I have included the \$50 processing fee.

Signature _____

Date _____

Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (payable to SBE) <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Total: \$ _____ Credit Card # _____ Exp. Date _____ Security Code ^ _____ Name on Card (if different) _____ Billing Address (if different) _____ ^ 3 digits in signature strip on back of card to the right of the (partial) card number (for Amex, it is 4 non-raised digits on the front).

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____
 Comment: _____
 Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved
 Comment: _____
 Signature: _____
 Records: _____ Appl Notified: _____