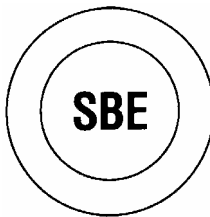


# MEMBERSHIP APPLICATION

## SOCIETY OF BROADCAST ENGINEERS

9102 North Meridian Street, Suite 150  
 Indianapolis, IN 46260  
 Phone: (317) 846-9000 Fax: (317) 846-9120

(Please type or print)



<b>Application for:</b>	<b>thru 6/30/06</b>	<b>as of 7/1/06</b>
<input type="checkbox"/> Regular Member	\$60.00	\$63.00
<input type="checkbox"/> Associate Member	\$60.00	\$63.00
<input type="checkbox"/> Student Member *	\$18.00	\$20.00
<input type="checkbox"/> Reinstatement	\$60.00	\$63.00
<input type="checkbox"/> (former Member # _____)		
<input type="checkbox"/> Change in grade to Member	\$60.00	\$63.00
<input type="checkbox"/> (for student/youth members only)		

Payment Method:  Check  Money Order (payable to SBE)  American Express  MasterCard  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).

*Information provided in this application will be used to determine membership eligibility.*

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Last Name First MI Home Phone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address Business Phone

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 City State Zip Code Fax Number

The above mailing address is:  Home  Business

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Place of Employment Date Employed Date of Birth (MM/DD/YY) *optional*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Current Job Title Type of Facility E-mail Address

\_\_\_\_\_ Description of Duties

Total years of responsible Engineering experience: \_\_\_\_\_  Radio  TV  Other (*check all that apply*)

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

SBE Certification # \_\_\_\_\_ (if applicable)

**Sponsor's Name/Who introduced you to SBE? (optional):** \_\_\_\_\_

### EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment. Indicate field(s) of specialization under "Position." Please do not limit yourself to the spaces below.

From Mo Yr	To Mo Yr	Company Name and Location	Position or Title	Type of Facility

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

### MEMBERSHIP COMMITTEE ACTION

Approve  Disapprove

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_

Grade: \_\_\_\_\_

Records: \_\_\_\_\_

Appl Notified: \_\_\_\_\_

