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**REFERENCES**

Three required. One **MUST** have supervised your work.

Name	Company Name and Location	Position or Title	Phone

**PROFESSIONAL SOCIETIES**

Name	Year Joined	Member Grade Attained	Offices Held

**OTHER PROFESSIONAL LICENSES OR CERTIFICATES**


**SPECIAL ACHIEVEMENTS**

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


**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:

EMPLOYER NAME \_\_\_\_\_ TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_

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.