

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

| Name | Company Name and Location | Position or Title | Phone |
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PROFESSIONAL SOCIETIES

| Name | Year Joined | Member Grade Attained | Offices Held |
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OTHER PROFESSIONAL LICENSES OR CERTIFICATES

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SPECIAL ACHIEVEMENTS

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

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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): _____

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: _____

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| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full. <i>(Use additional paper if necessary.)</i> |
| _____ |
| _____ |

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, I agree to abide by the Society of Broadcast Engineers 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.