

SBE MEMBERSHIP APPLICATION

SOCIETY OF BROADCAST ENGINEERS

The Association for Broadcast and Multimedia Professionals
 9102 North Meridian Street, Suite 150
 Indianapolis, IN 46260
 Phone: (317) 846-9000 Fax: (317) 846-9120



Application for:

- Regular Member \$82.00
- Associate Member \$82.00
- Student Member * \$25.00
- Reinstatement \$82.00
(former Member # _____)
- Change in grade to Member \$82.00
(for student/youth members only)

(Please type or print)

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 Primary Phone (_____) _____

 Mailing Address Secondary 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: _____

EDUCATION

From Mo Yr	To Mo Yr	College, University or Technical Institute	Credits or Yrs Compl	Course or Major	Degree

*** If applying for student member status (post-secondary school), you must complete the following:**

Program/major currently enrolled in: _____

You are a (check one): Full-time Student Part-time Student

Faculty advisor, dean, department chair, registrar, etc., SBE may contact to verify your student status:

Name

Title

E-mail

(_____) _____
Phone

REFERENCES

List two references who are familiar with your work.

Name	Company Name and Location	Position or Title	Phone

OTHER PROFESSIONAL LICENSES OR CERTIFICATES

SPECIAL ACHIEVEMENTS

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

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

If approved, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

Date

Signature

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.