SBE

YOUTH 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)

Mambarahin Duasi \$40 nor	(Please type of pri	nt)			
Payment Method: Credit Card #	Order (payable to SBE)	•		sterCard □ Visa Total: \$ p. Date Security Code^	
Name on Card (if different)^3 digits in signature strip on back of card to the	Billin	g Address (if differer	nt)		
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Last Name	First		MI	()_ Home Phone	
Mailing Address				Date of Birth (MM/DD/YY) optional	
City	State	Zip Code		E-mail address (if applicable)	
School Attending	City, State of Sc			te of School	
Year of School (check one): ☐ Fro	eshman □ Sophom	ore 🗖 Junior	□ Sen	nior	
Are you currently involved in (chec	k all that apply):				
☐ School Radio Station	□ Sch	ool Television S	tation		
☐ Amateur Radio Club	□ Elec	ctronics Class			
What is your position and/or what	are you responsibilitie	es?			
Signature				 Date	
				but may be deductible as a business expen g activities on behalf of its members.	se.
	MEMBERSHI	P COMMITTEE	ACTIO	N	
q Approve q Disapprove				Grade:	
Comment:				Date:	
Signature:				Appl Notified:	
Chapter Assigned:					