I wish to take the CBNE exam during the ___________ exam session:

MEMBER FEE: $83  □  NON-MEMBER FEE: $168  □  NON-MEMBER FEE: $258

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).

Non-Member fee includes optional membership in SBE through March 31 of the following year (See back for more information). Information provided in this application will be used to determine eligibility.

□ Mr.  □ Mrs.  □ Ms. (optional)

Last Name: _____________________________ First: ___________ MI: ___________ Primary Phone: ___________________________

Mailing Address: __________________________________________________________

City: ___________________________ State: ___________ Zip Code: ___________ Secondary Phone: ___________________________

Fax Number: ___________________________

Place of Employment: __________________________________ Date Employed: ___________

Date of Birth (MM/DD/YY) optional: ___________

Current Job Title: ___________________________ Type of Facility: ___________________________

E-mail Address: __________________________________________________________

MUST ADD A DESCRIPTION OF DUTIES SPECIFICALLY RELATED TO YOUR IT EXPERIENCE AND IT EXPERIENCE IN THE BROADCAST ENGINEERING FIELD. THIS IS USED TO APPROPRIATELY ASSIGN THE ESSAY QUESTIONS.

Total years of responsible Engineering Experience: ___________  □ Radio  □ TV  □ Other (check all that apply)

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. The more details you give us about your background the easier it will be for us to correctly judge your application.

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<tr>
<th>From Mo</th>
<th>To Mo</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Immediate Supervisor/Contact #</th>
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EDUCATION

Transcript MUST accompany application if applying for Student Membership.

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<th>From Mo</th>
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<th>College, University or Technical Institute</th>
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ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

□ Approved  □ Disapproved Date: ___________________________ Senior Essay Question #: ___________________________
Signature: ____________________________________________

ADMISSIONS COMMITTEE ACTION

□ Approved  □ Disapproved Grade: ___________________________ Signature: ___________________________ Date: ___________
Appl Notified: ___________________________ Records: ___________________________
### REFERENCES
Three required. One MUST have supervised your work.

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<th>Position or Title</th>
<th>Phone</th>
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### PROFESSIONAL SOCIETIES

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<th>Year Joined</th>
<th>Member Grade Attained</th>
<th>Offices Held</th>
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### 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):

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:

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<th>EMPLOYER NAME</th>
<th>TITLE</th>
<th>COMPANY</th>
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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.