

# 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:	Traditional	MemberPlus
Regular Member	\$85	\$175
Associate Member	\$85	\$175
Student Member *	\$25	\$175
Reinstatement	\$85	\$175
(former Member # _____)		
Grade change to Member	\$85	\$175
(for student/youth members only)		

**Traditional membership** includes SBE publications including The Signal, SBE social media and discussion lists, SBE JobsOnline, SBE Resume Service, annual Compensation Survey results, SBE Regulatory Alerts and Updates, discounts on SBE certification, education programs, technical books and life insurance.

**SBE MemberPlus** includes all the benefits of traditional membership, PLUS, access to the complete library of SBE webinars and any new webinars SBE presents during the membership year at no additional cost. There are currently more than 60 webinars available on technical, regulatory and safety topics for broadcast and media engineers. Webinars are available at the SBE website, 24/7/365.

(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 <b>right</b> 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
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Mailing Address	(____) _____ Secondary Phone
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City	State	Zip Code	(____) _____ Fax Number
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The above mailing address is:      Home                      Business

Place of Employment	Date Employed	Date of Birth (MM/DD/YY) <i>optional</i>
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Current Job Title	Type of Facility	E-mail Address
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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 Number \_\_\_\_\_ (if applicable)

**Sponsor's Name/Who introduced you to SBE? (optional):** \_\_\_\_\_

### EXPERIENCE RECORD

List in chronological order your most recent formal experience in Broadcast Engineering or related employment.

From Mo	Yr	To Mo	Yr	Company Name and Location	Position or Title	Type of Facility

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

## EDUCATION

List in chronological order your most recent educational history.

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    Anticipated completion date: \_\_\_\_\_

List your faculty advisor, dean, department chair or registrar.    SBE will contact to verify your student status:

\_\_\_\_\_

Name	Title
E-mail	( _____ ) _____ 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](http://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 2% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.**

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### MEMBERSHIP COMMITTEE ACTION

Approve    Disapprove

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_

Grade: \_\_\_\_\_

Records: \_\_\_\_\_

Appl Notified: \_\_\_\_\_