

# 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	\$90
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 **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 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

