MEMBERSHIP APPLICATION

SOCIETY OF BROADCAST ENGINEERS
8445 Keystone Crossing, Suite 140
Indianapolis, IN 46240
Phone: (317) 253-1640 Fax: (317) 253-0418
(Please type or print)

Application for:
___ New member $55.00
___ Associate member $55.00
___ Student member $15.00
___ Reinstatement $55.00
(former member #_____)
___ Change in grade
___ to Member ___ to Senior

Payment Method: ❑ Check ❑ Money Order (payable to SBE) ❑ American Express ❑ MasterCard ❑ Visa Total: $_____

Credit Card #_____ Expiration Date_____
(American Express, MasterCard or Visa ONLY)

_____ _(_____)_____
Last Name First MI Home Phone

_____ _(_____)_____
Mailing Address Business Phone

_____ _(_____)_____
City State Zip Code Fax Number

Is the above mailing address (circle one): Home Business

_____ _____
Place of Employment Date Employed Date of Birth (MM/DD/YY)

_____ _____ _____
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: _____

Md99

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, you must complete the following:

_____

Program/major currently enrolled in

Are you a (circle one): Full-time Student Part-time Student

To verify your student status, have your faculty advisor sign below or send a photocopy of your student identification card along with this application and dues payment. Application will not be considered without one of these forms of identification.

_____ _____

Signature of faculty advisor, dean, department chair, etc. Title

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 violation of the Communications Act of 1934, as amended?

❑ Yes ❑ No If yes, describe in full. (Use additional space if necessary.)

_____

_____

If approved, I agree to abide by the Society of Broadcast Engineers By-Laws and Code of Ethics.

_____ _____

Date Signature

SBE dues are not deductible as a charitable contribution, but may be deductible as a business expense.