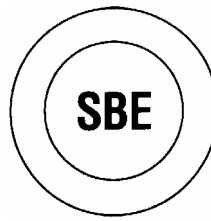


# MEMBERSHIP APPLICATION

## SOCIETY OF BROADCAST ENGINEERS

9247 North Meridian Street, Suite 305  
 Indianapolis, IN 46260  
 Phone: (317) 846-9000 Fax: (317) 846-9120  
 (Please type or print)



- Application for:
- Regular member \$60.00
  - Associate member \$60.00
  - Student member \$18.00
  - Reinstatement \$60.00  
(former member # \_\_\_\_\_)
  - Change in grade to Member \$60.00  
(for student/youth members only)

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) *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 # \_\_\_\_\_ (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: \_\_\_\_\_

## 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: \_\_\_\_\_

You are a (check 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 Canons of Ethics.

\_\_\_\_\_  
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.