# **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:

☐ Regular Member \$82.00 \$82.00 Associate Member \$25.00 Student Member \* □ Reinstatement \$82.00

(former Member #

Change in grade to Member \$82.00 (for student/youth members only)

(Please typ	e or print)						
1 -		neck 🔲 Money Order (p					
		nt) n back of card to the <b>right</b> of				ı the front).	
		Information provided i	in this application พ	vill be used to determ	ine memberst	hip eligibility.	
Last Name First			First		MI F	() Primary Phone	
Mailing Ad	Idress					•	one
City			State	Zip Code	( F	() =ax Number	
The above	e mailing add	lress is: ☐ Home	☐ Busi	iness			
Place of Employment				Date Employed		Date of Birth (MM/DD/YY) optional	
Current Job Title Type of Fac			Type of Facility	ity		E-mail Address	
Descriptio	n of Duties						
Total yea	rs of respor	nsible Engineering e	xperience:	□ Rad	dio 🛭 TV	☐ Other (ch	eck all that apply)
If accepte	ed, please e	enroll me in Local Ch	napter #	_ Location:			
SBE Cert	ification#_		(if applicable	;)		-	
Sponsor	's Name/W	ho introduced you	to SBE? (opti	onal):			
			EXPERIE	NCE RECOR	<b>D</b>		
List in chro	onological or ent. Indicate f	der, beginning with the field(s) of specializatio	e most recent, all on under "Positior	l formal experience n." Please do not liı	in Broadcas mit yourself l	st Engineering to the spaces	or related below.
From Mo Yr	To Mo Yr	Compan	y Name and Lo	ocation	Positio	on or Title	Type of Facility
AI V							
****							

## ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

MEMBERSHIP O	COMMITTEE ACTION
□ Approve □ Disapprove	Grade:
Comment:	Records:
Signature:	Appl Notified:

## **EDUCATION**

From Mo Yr	To Mo Yr	College, University or Technical Institute	Credits or Yrs Compl	Course or Majo	or Degree					
1410 11	MIO JI	or recommend mentals	710 Compi	Course of majo						
* If ap	plying for	student member status (post-secor	ndary school), yo	u must complete the	following:					
Progr	am/major c	urrently enrolled in:								
You a	ire a (check	one): ☐ Full-time Student ☐	l Part-time Student	+						
	•	·			Catalan					
Facul	ty advisor, o	dean, department chair, registrar, etc.,	SBE may contact	to verify your student	status:					
Name	Name Title									
Name	ivalile									
E-mai				() Phone						
		REFER	ENCES							
		List two references who a	re familiar with your	work.						
N	ame	Company Name and Loca	tion P	osition or Title	Phone					
	0	THER PROFESSIONAL LIC	ENSES OR C	CERTIFICATES						
	(1)									
		SPECIAL ACH								
List	awards, pate	ents, books, articles, short courses, semin	ars related to broad	cast-communications tec	chnology, etc.					
Have you	ı ever been	convicted of a felony? ☐ Yes ☐ N	No If yes, describ	oe in full. (Use additional	paper if necessary.)					
If approv	ed, I agree	to abide by the Society of Broadcast E	ingineers By-Laws	and Canons of Ethics	(available at					
www.sbe		,,	_ ,		-					
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 1% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.