



**B****REFERENCES**Three required. One **MUST** have supervised your work.

Name	Company Name and Location	Position or Title	Phone

**PROFESSIONAL SOCIETIES**

Name	Year Joined	Member Grade Attained	Offices Held

**OTHER PROFESSIONAL LICENSES OR CERTIFICATES**


**SPECIAL ACHIEVEMENTS**

List awards, patents, books, articles, short courses, seminars related to broadcast-communications technology, etc.


**SBE MEMBERSHIP:**
 **YES**, I wish to take advantage of the optional SBE membership included in the non-member certification fee.
  I am already an SBE Member, # \_\_\_\_\_
  Decline SBE Membership

**If accepting, select level of membership:**
 Regular Member
  Associate Member
  Reinstatement (former # \_\_\_\_\_)

 Student Member – Must provide contact information for faculty advisor, dean, department chair, registrar, etc., for SBE to use to verify your student status: Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

If accepted, please enroll me in Local Chapter # \_\_\_\_\_ Location: \_\_\_\_\_

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

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.

 If you are applying for **Certification by Examination**, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: \_\_\_\_\_

 Have you ever been convicted of a felony?  Yes  No If yes, describe in full. *(Use additional paper if necessary.)*


 Upon certification, please notify my employer:  No  Yes If yes, complete name, title and address below:

EMPLOYER NAME	TITLE	COMPANY
---------------	-------	---------

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved, I agree to abide by the Society of Broadcast Engineers Canons of Ethics (available at www.sbe.org).

Date \_\_\_\_\_

Signature (in ink) \_\_\_\_\_

**RETAIN A COPY OF YOUR APPLICATION!**

<b>NOTE:</b> If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.
---