



SOCIETY OF BROADCAST ENGINEERS, INC.

9102 North Meridian Street, Suite 150 • Indianapolis, IN 46260
Phone: (317) 846-9000 • Fax: (317) 846-9120 • Website: www.sbe.org

APPLICATION FOR SUSTAINING MEMBERSHIP

An Investment Today In Your Future

SOME BENEFITS OF SBE SUSTAINING MEMBERSHIP:

- **Regular access** to technical decision-makers and users of your product/service;
- Annual **free direct-mail list of our current membership roster**, good as a one-time only use (a \$575 value);
- Listing in SBE's bimonthly newsletter, *The Signal*, including sales contact, phone number and company description;
- Listing on SBE's website with a **link to your company's website**;
- Listing in annual *SBE Membership Directory & Buyers' Guide*, with up to three free listings in the *Buyers' Guide* section;
- A **15% DISCOUNT** on all ads appearing in *The Signal* and the annual *SBE Membership Directory & Buyers' Guide*;
- Placement **on the mailing list** of all SBE-member publications;
- **Opportunity for presentation** of your product/service at local SBE chapter meetings and invitations to present technology at seminars;
- **SBE Partner Rate** for the NAB Spring Convention;
- and, your company will receive a handsome **Sustaining Membership plaque** for your prominent display.

Company Name as you would like it printed on plaque and in SBE publications

Main Company Contact (receives all marketing/billing correspondence) Title

Company mailing address

City State Zip

(_____) _____
Phone Number Fax Number

Main Contact's E-mail Address Company's Website Address

Sales Contact (is listed in all SBE publications and website) Sales Contact Phone Sales E-mail

Designated SBE Voting Member (receives official ballot for SBE elections and all SBE publications)

Product or Service in four words or less as you would like it to appear in The Signal (See the Sustaining Member page towards the back of The Signal for examples)

A National SBE Sustaining Membership is **\$575.00 per year**. Please submit payment with application. The name of your designated voting member will be placed on our regular mailing list.

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)