SBE CERTIFIED BROADCAST NETWORKING ENGINEER (CBNE) Application



This exam was designed for experienced broadcast professionals having significant experience in IP networks and associated storage and playout technologies employed in radio and television operations.

	N	am during theexam	Indianapolis, IN 46260					
U I	NON-MEMBER FE	EE: \$206	16	Fax: (317) 846-9120	U			
				Send application At	tn: Certificati	ion Director		
Payment N	Method: ☐ Check	☐ Money Order (payable to SBE) ☐	American Express 🗆	I MasterCard ☐ Visa	Total: \$			
Credit Care	d #		Ехр	. Date Se	curity Code^_			
Name on 0	Card (if different)	Billing Ac	Idress (if different)					
^ 3 digits in :	signature strip on bac	ck of card to the right of the (partial) card numb	er (for Amex, it is 4 non-ra	aised digits on the front).				
nformation	per fee includes on provided in this ap I Mrs. □ Ms.	ptional membership in SBE through M pplication will be used to determine eligibi (optional)	larch 31 of the follow	i ng year (See back for	more informat	tion).		
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REFERENCES

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Name	Company Name an	d Location	Position or Title		Phone
	PROFES	SIONAL SOCI	ETIES		
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	OTHER PROFESSION	AL LICENSES	OR CERTIFICATES		
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List awards, pa	tents, books, articles, short course	s, seminars related	to proadcast-communications	s technology, e	HC.
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SBE MEMBERS	•	•	the optional SBE members	•	in the
non-member certification f	fee. □ I am already an SBE N	vlember, #	Uecline SBE I	/lembership	
If accepting, select level	of membership: ☐ Regular	Member 🛚 Ass	ociate Member 🛭 Reinsta	atement (form	ner #)
☐ Student Member – Mus	st provide contact information fo	or faculty advisor,	dean, department chair, re	egistrar, etc.,	for SBE to use to
verify your student status:	Name		Title		
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If accepted, please enroll	me in Local Chapter#	_ Location:			
Sponsor's Name/Who intro	oduced you to SBE? (optional):	:			
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	timates that 1% of your dues are not dec				xpense.
If you are applying for Certi t	fication by Examination, the (Certification Chai	rman of your local chapter	should be no	 otified. The
closest SBE Chapter is:	<u> </u>				
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Have you ever been conv	ricted of a felony? ☐ Yes ☐	No If yes, des	cribe in full. (Use additiona	al paper it ne	cessary.)
					
					
Upon certification, please no		es If yes comm	olete name, title and addres	ss helow:	
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have read and understand th	he requirements of the SBE Certi	ification Program	and certify that all informatio	n submitted is	s accurate. If
	the Society of Broadcast Engine				
Date	Signatu	re (in ink) RFTAII	A COPY OF YO	IIR ADD	LICATION
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NOTE: If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.