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:	Traditional	MemberPlus
Regular Member	❍ $85	❍ $175
Associate Member	❍ $85	❍ $175
Student Member *	❍ $25	❍ $90
Reinstatement (former Member #_____)	❍ $85	❍ $175
Grade change to Member (for student/youth members only)	❍ $85	❍ $175

Traditional membership includes SBE publications including The Signal, SBE social media and discussion lists, SBE JobsOnline, SBE Resume Service, annual Compensation Survey results, SBE Regulatory Alerts and Updates, discounts on SBE certification, education programs, technical books and life insurance.

SBE MemberPlus includes all the benefits of traditional membership, PLUS, access to the complete library of SBE webinars and any new webinars SBE presents during the membership year at no additional cost. There are currently more than 60 webinars available on technical, regulatory and safety topics for broadcast and media engineers. Webinars are available at the SBE website, 24/7/365.

(Please type or print)

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).

Information provided in this application will be used to determine membership eligibility.

Last Name First MI (_____) _____ Primary Phone

Mailing Address (_____) _____ Secondary Phone

City State Zip Code (_____) _____ Fax Number

The above mailing address is: ❍ 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 Number _____ (if applicable)

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

EXPERIENCE RECORD

List in chronological order your most recent formal experience in Broadcast Engineering or related employment.

From Mo Yr	To Mo Yr	Company Name and Location	Position or Title	Type of Facility

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

EDUCATION

List in chronological order your most recent educational history.

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 (post-secondary school), you must complete the following:**

Program/major currently enrolled in: _____

You are a (check one): ☐ Full-time Student ☐ Part-time Student Anticipated completion date:_____

List your faculty advisor, dean, department chair or registrar. SBE will contact to verify your student status:

_____ _____
Name Title

_____ (_____) _____
E-mail 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 felony? ☐ Yes ☐ No If yes, describe in full. *(Use additional paper if necessary.)*

_____

_____

If approved, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

_____ _____
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.

MEMBERSHIP COMMITTEE ACTION

☐ Approve ☐ Disapprove Grade: _____

Comment: _____ Records: _____

Signature: _____ Appl Notified: _____