SBE TECHNICAL PROFESSIONAL TRAINING PROGRAM 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



The SBE Technical Professional Training Program is designed for newer broadcast technical professionals and those just entering the field. It includes a one-year SBE MemberPlus membership (includes all Member benefits plus access to all new and archived SBE educational webinars – more than 100!), a download copy of the SBE CertPreview practice exam for the SBE Certified Broadcast Technologist (CBT) certification; one CBT Exam session to earn the SBE CBT designation, entry into the SBE Mentor Program – paired with an experienced broadcast engineer volunteer mentor; one copy of the 700-page SBE Broadcast Engineering Handbook- Hands-On Guide to Station Design and Maintenance.

(Please type or print)

Payment Method: Che	ck Money Order (<i>payable to SBE</i>)	American Express	MasterCard	Visa	Total: \$475.00
Credit Card # Exp. Date Security Code^					le^
SBE dues are not deductible as a)Billing Ad back of card to the right of the (partial) card nu b charitable contribution for federal income tax purp E's lobbying activities on behalf of its members.	mber (for Amex, it is 4 non-	raised digits on th		s that 2% of your dues
	Information provided in this application w	vill be used to determine	e membership el	igibility.	
Last Name	First	Ν	(/II Prim) ary Phone	
Mailing Address			(Secc) ondary Phone	
City	State	Zip Code	(Fax I) Number	
The mailing address abov	ve is (circle): Home Business	For SBE CertPre	eview and Cer	tification: R	adio Television
Place of Employment		Date Employed	Date	of Birth (MM/	DD/YY) optional
Current Job Title		E-mail Address			
Description of Duties					
Total years of responsi	ible engineering experience:	Radio	ΤV	Other (che	ck all that apply)
If accepted, please enr	oll me in Local Chapter #	_ Location:			
SBE Certification Num	ber (if app	olicable)			
Sponsor's Name/Who	introduced you to SBE? (optiona	l):			
	EXPERIEI	NCE RECORD	1		

List your most recent experience in broadcast engineering or related employment.

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

MEMBERSHIP COMMITTEE ACTION

Approve	Disapprove
Comment:	
Signature:	

Grade: _____ Records: _____ Appl Notified: _____

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.

	you over been	convicted of a follow		No.	If yoe	docoribo in full	(Llos additional papar if pagagager ()
паче	you ever been	convicted of a relong	y: res) INO	ii 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.