# 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 200!), 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: ◯ Check ◯ Money Order (*payable to SBE*) ◯ American Express ◯ MasterCard ◯ Visa Total: **$545.00**

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).

**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.**

*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 mailing address above is (circle): ◯ Home ◯ Business For SBE CertPreview and Certification: ☐ Radio ☐ Television

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

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

## MEMBERSHIP COMMITTEE ACTION

Approve Disapprove Grade: _____

Comment: _____ Records:_____

Signature: _____ 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

| |
|---|
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| |

## 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

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