

I wish to take the following exam: <input type="checkbox"/> Broadcast Engineer AM/FM <input type="checkbox"/> Broadcast Engineer TV <input type="checkbox"/> Audio Engineer <input type="checkbox"/> Video Engineer <input type="checkbox"/> Senior Broadcast Engineer AM/FM <input type="checkbox"/> Senior Broadcast Engineer TV During the _____ exam session	SOCIETY OF BROADCAST ENGINEERS 9247 North Meridian Street, Suite 305 Indianapolis, IN 46260 Phone: (317) 846-9000 • Fax: (317) 846-9120 (Please type or print)	FEE SCHEDULE: * <input type="checkbox"/> Broadcast Engineer (AM/FM or TV): <input type="checkbox"/> Video Engineer <input type="checkbox"/> Audio Engineer <input type="checkbox"/> \$50 Member <input type="checkbox"/> \$105 NonMember <input type="checkbox"/> Senior Engineer (AM/FM or TV): <input type="checkbox"/> \$75 Member <input type="checkbox"/> \$130 NonMember Student members deduct \$40 non-member fee and include transcript
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (payable to SBE) <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Payment Total: \$ _____ Credit Card # _____ Expiration Date _____ (American Express, MasterCard or Visa ONLY)		

Non-Member fee includes optional membership in SBE through April 1 of the following year. Accept Decline

LEVELS: New Member Associate Member Student Member (see above) Reinstatement (Former # _____)

Last Name	First	MI	_ () _ Home Phone
Mailing Address			_ () _ Business Phone
City	State	Zip Code	_ () _ Fax Number
Place of Employment	Date Employed		Date of Birth (MM/DD/YY)
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: _____

EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment. Indicate field(s) of specialization under "Position." Please do not limit yourself to the spaces below. The more details you give us about your background the easier it will be for us to correctly judge your application. **ATTACH A BRIEF DESCRIPTION OF JOB DUTIES.**

From Mo Yr	To Mo Yr	Company Name and Location	Position or Title	Immediate Supervisor

EDUCATION

A Transcript **MUST** accompany application if substituting education for part of the experience requirement, and if applying for Student Membership.

From Mo Yr	To Mo Yr	College, University or Technical Institute	Credits or Yrs Compl	Course or Major	Degree

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Comment: _____

Senior Essay Question # _____

Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____

Comment: _____

Signature: _____ Date: _____

Appl Notified: _____ Records: _____

B**REFERENCES****B**Three required. One **MUST** have supervised your work.

Name	Company Name and Location	Position or Title	Phone

PROFESSIONAL SOCIETIES

Name	Year Joined	Membership Grade Attained	Offices Held

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 violation of the Communications Act of 1934, as amended?

 Yes No If Yes, describe in full. (Use additional space if necessary.)

I am a member of SBE: Yes Member Number: _____ No, however, I wish to take advantage of the optional SBE membership included in the non-member certification fee (*see front*). I do not want to take advantage of the optional SBE membership.If you are applying for **Certification by Examination**, the Certification Chairman of your local chapter should be notified. The Closest SBE Chapter is: _____Upon certification, please notify my employer: No Yes If yes, complete name, title and address below:

Company

Employer Name

Title

Address

City

State

Zip

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved, I agree to abide by the Society of Broadcast Engineers By-Laws and Code of Ethics.

Date

Signature (in ink)

SBE dues are not deductible as a charitable contribution, but may be deductible as a business expense

* Fees are subject to change without notice

NOTE: By maintaining your annual membership throughout your certification (5 years), you will receive a 10% discount on recertification.
RETAIN A COPY OF YOUR

Mail application and fee to:
CERTIFICATION DIRECTOR
SOCIETY OF BROADCAST ENGINEERS, INC.
9247 North Meridian Street, Suite 305
Indianapolis, IN 46260