

I wish to take the following exam(s):
 Broadcast Technologist AM/FM
 Broadcast Technologist 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: *
Broadcast Technologist (by License)
 Copy of license must accompany application
 \$35 Member \$90 Non-Member

Broadcast Technologist (by Exam):
 \$35 Member \$90 Non-Member
Student members deduct \$40 from the non-member fee and include transcript

Payment Method: Check Money Order (payable to SBE) American Express MasterCard 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: _____

A**REFERENCES****A**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
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Address	City	State	Zip
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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)
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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 APPLICATION!

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