

I wish to take the following exam:  
 Broadcast Engineer AM/FM  
 Broadcast Engineer TV  
 Audio Engineer  
 Video Engineer  
 Senior Broadcast Engineer AM/FM  
 Senior Broadcast Engineer TV  
 During the \_\_\_\_\_ exam session. (date)

**SOCIETY OF BROADCAST ENGINEERS**

8445 Keystone Crossing, Suite 140  
 Indianapolis, IN 46240  
 Phone: (317) 253-1640 Fax: (317) 253-0418

(Please type or print)

**FEE SCHEDULE: \***  
 Broadcast Engineer (AM/FM or TV):  
 Video Engineer  
 Audio Engineer  
 \$50 Member  \$105 NonMember  
**Senior Engineer (AM/FM or TV):**  
 \$75 Member  \$130 NonMember  
*Student members deduct \$40 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 Date: \_\_\_\_\_  
 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.)

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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 APPLICATION!**

**Mail application and fee to:**  
**CERTIFICATION DIRECTOR**  
**SOCIETY OF BROADCAST ENGINEERS, INC.**  
**8445 Keystone Crossing, Suite 140**  
**Indianapolis, IN 46240-2454**