

Special Instructions: In addition to the completed application form, you must submit a statement showing why you believe your professional experience, educational background, and training requirements under this provision

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: *
 \$100 Member \$155 NonMember
MUST be currently SBE Certified as a Senior Broadcast Engineer.
 Letters of reference are also required
 (See page 5 for details)

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

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.

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: _____

