

SBE MEMBERSHIP 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



Application for:	Traditional	MemberPlus
Regular Member	<input type="radio"/> \$85	<input type="radio"/> \$175
Associate Member	<input type="radio"/> \$85	<input type="radio"/> \$175
Student Member (* see reverse)	<input type="radio"/> \$25	<input type="radio"/> \$90
Reinstatement	<input type="radio"/> \$85	<input type="radio"/> \$175
(former Member # _____)		
Grade change to Member	<input type="radio"/> \$85	<input type="radio"/> \$175
(for student/youth members only)		

Traditional membership includes SBE publications including The Signal, SBE social media and discussion lists, SBE JobsOnline, SBE Resume Service, annual Compensation Survey results, SBE Regulatory Alerts and Updates, discounts on SBE certification, education programs, technical books and life insurance.

SBE MemberPlus includes all the benefits of traditional membership, PLUS, access to the complete library of SBE webinars and any new webinars SBE presents during the membership year at no additional cost. There are currently more than 60 webinars available on technical, regulatory and safety topics for broadcast and media engineers. Webinars are available at the SBE website, 24/7/365.

(Please type or print)

Payment Method:	Check	Money Order (payable to SBE)	American Express	MasterCard	Visa	Total: \$ _____
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).

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 above mailing address is: Home Business

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: _____

Are you SBE Certified? ☐ Yes ☐ No

Sponsor's Name/Who introduced you to the SBE:

(optional) _____

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 sbe.org).

Date _____ Signature _____

ADDITIONAL INFORMATION REQUESTED ON REVERSE