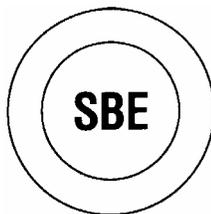


MEMBERSHIP APPLICATION

SOCIETY OF BROADCAST ENGINEERS

9102 North Meridian Street, Suite 150
 Indianapolis, IN 46260
 Phone: (317) 846-9000 Fax: (317) 846-9120

(Please type or print)



Application for:

- Regular Member \$68.00
- Associate Member \$68.00
- Student Member * \$20.00
- Reinstatement \$68.00
(former Member # _____)
- Change in grade to Member \$68.00
(for student or youth members only)

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 Home Phone (_____) _____

 Mailing Address Business 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: _____

SBE Certification # _____ (if applicable)

Sponsor's Name/Who introduced you to SBE? (optional): _____

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.

From Month Yr.	To Month Yr.	Company Name and Location	Position or Title	Type of Facility

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

MEMBERSHIP COMMITTEE ACTION

Approve Disapprove

Grade: _____

Comment: _____

: s d r o c e R

Signature: _____

Notified A _____

