MEMBERSHIP APP		\frown	Regula	ation for: ar Member		\$68.00
SOCIETY OF BROADCAST ENG 9102 North Meridian Street, Suite 150 Indianapolis, IN 46260 Phone: (317) 846-9000 Fax: (317) 84 (Please type or print)		SBE	 Studer Reinsta (former Chang 	ate Member atement r Member # e in grade to Ma ident or youth n		\$68.00 \$20.00 \$68.00 \$68.00
			-	-		-
Payment Method: Check Money Credit Card #						
Name on Card (if different)^ ^ 3 digits in signature strip on back of card to th	Billing	Address (if different)_				
Information p	rovided in this application v	vill be used to determ	nine membership	o eligibility.		
Last Name	First		(MI Ho) ome Phone		
Mailing Address			() usiness Phone		
City	State	Zip Code	(Fa) ax Number		
The above mailing address is:	Home 🛛 Bus	iness				
Place of Employment		Date Employed	Da	ate of Birth (MM/	DD/YY) optional	
Current Job Title	Type of Facility		<u>_</u>	mail Address		
Description of Duties						
Total years of responsible Engine	ering experience:	🛛 Ra	adio 🗅 TV	Other (chec	k all that apply,)
If accepted, please enroll me in Lo	ocal Chapter #	Location:				
SBE Certification #	(if applicable	e)				
Sponsor's Name/Who introduce	ed you to SBE? (opt	ional):				
	EXPERIE	NCE RECOR	RD			

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

Comment: _____

Grade: _____

Signature: _____

:<u>sdroce</u>R

Notifiec _A____

EDUCATION

From Month Yr.	To Month Yr.	College, University, or Technical Institute	Credits or Yrs. Complete	Course or Major	Degree

* If applying for student member status, you must complete the following:	
Program/major currently enrolled in:	

Faculty advisor, dean, department chair, registrar, etc., SBE may contact to verify your student status:

Name	Title
E-mail	() Phone

REFERENCES

List two references who are familiar with your work.

Name	Company Name and Location	Position or Title	Phone

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 felony?	Yes	🗖 No	If yes, describe in full. (Use additional paper if necessary.)
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If approved, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

Date

Signature

SBE dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. SBE estimates that 1% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.