



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## ORGANIZATIONAL MEMBERSHIP APPLICATION

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Website \_\_\_\_\_  
(If not US)

Primary Contact \_\_\_\_\_  
First MI Last

Email (required) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ SDMS # \_\_\_\_\_

	SDMS Organizational Annual Dues	SDMS Standard Memberships Included
Tier 1	\$275	0
Tier 2	\$825	5
Tier 3	\$1,600	10
Tier 4	\$4,000	25
Tier 5	\$7,500	50
Tier 6	\$14,500	100

Membership Tier/ Dues:  Tier 1/\$275  Tier 2/\$825  Tier 3/\$1,600  Tier 4/\$4,000  Tier 5/ \$7,500  Tier 6/\$14,500

\$ \_\_\_\_\_

Add additional Standard Memberships to any Membership Tier for \$165 each: Quantity \_\_\_\_\_ x \$165: \$ \_\_\_\_\_

Donation to the SDMS Foundation:  \$50  \$100  \$250  \$500  \$1000  Other \_\_\_\_\_ \$ \_\_\_\_\_

*The Society of Diagnostic Medical Sonography (SDMS) Foundation is recognized by the Internal Revenue Service (IRS) as a tax exempt charitable organization described in section 501(c)(3) of the Internal Revenue Code. Your donation will be deductible to the extent permitted by law.*

**TOTAL: \$** \_\_\_\_\_

### Indicate Payment (PLEASE PRINT)

Credit Card Credit Card Number: \_\_\_\_\_ CID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(3 or 4 digit code)

Check/ Money Order \_\_\_\_\_

Cardholder's Name (as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder's Billing Address (as it appears on statement – Please include address, city, state/province, and zip/postal code) \_\_\_\_\_

**NOTE:**  
This form is valid through 12/31/2024

*Payment by check authorizes the SDMS to process funds by electronic funds transfer (ACH). Membership dues to the SDMS are not tax deductible as a charitable contribution. For information on partially deducting membership dues as a business expense, go to [sdms.org/taxes](http://sdms.org/taxes). SDMS takes the privacy of your personal information very seriously and will use your information only in accordance with the terms of the SDMS Privacy Policy, available at: [sdms.org/privacy](http://sdms.org/privacy)*

**Please return completed two-page application with appropriate dues payment to:**

SDMS Membership Department • 2745 Dallas Pkwy Ste 350, Plano, TX 75093-8730 • 800.229.9506 • +1 214.473.8057 • +1 214.473.8563 Fax

