



Corporate/Business/Institution Membership Application

Please type or print.

OFFICE USE ONLY	
Member #:	_____
Payment Type:	_____
Amount: \$	_____
Batch #:	_____
Item #:	_____

Corporate/Business/Institution Member Benefits:

- Access to all SDMS member benefits including the Member's Only area of the SDMS website
- Additional 30% discount on member pricing for all SDMS Mailing List purchases
- Priority notification of SDMS Annual Conference Exhibition and Sponsorship opportunities
- A \$100 discount on each 10' x 10' SDMS Annual Conference exhibit booth
- FREE logo and link to company's website on SDMS website
- FREE subscription to the *Journal of Diagnostic Medical Sonography*, *SDMS Sound News* and *SDMS News Wave*

Corporate/Business/Institution Member Dues: \$495 per year

CBI members can join online at <http://www.sdms.org/membership/default.asp>.

Please Note: The person named as a 'Contact' will be the person to receive all communications, both written and electronic, from the SDMS. If the 'Contact' should change, please email the SDMS Membership Department at membership@sdms.org or call 800-229-9506 to update your information.

SDMS: Expect Excellence

SDMS CBI membership is available to commercial firms or businesses involved in the manufacture and sale of ultrasound equipment and/or accessories, pharmaceuticals, or formal publications related to sonography or an institution involved in education and training related to sonography.

SDMS CBI membership links you to the largest sonography organization currently representing more than 24,500 sonographers and all sonography specialty areas in the world. Your membership gives you access to information, professional education, government affairs advocacy, and access to your target audience in the sonography community.

Name Mr./Ms./Dr. _____
Last First MI Credentials _____

Address _____

City _____ State/Province _____ Zip+4/Postal Code _____

Country _____ Daytime Phone () _____ ext. _____
(If not US)

Email _____

Corporate/Business/Institution Membership Dues: \$495 per year

Please indicate payment: (U.S. dollars drawn on U.S. bank)

Check/Money Order for \$ _____ Check Number _____

Charge* \$ _____ to my: American Express Discover MasterCard VISA

*To expedite your membership application, use your credit card and join online now at www.sdms.org/membership/join.asp

Credit Card Number _____ Expiration Date _____

Cardholder's Name _____
(as it appears on card)

Cardholder's Billing Address _____
(as it appears on statement) (Please include address, city, state/province/country, and zip+4/postal code)

By submitting this application I affirm that the information contained in this application is true and accurate. I further understand that the falsification of this information is in violation of the Code of Ethics for the Profession of Diagnostic Medical Sonography and will result in the rejection of this membership application. I also understand that membership dues submitted with this application are non-refundable and can not be transferred.

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. The Privacy Policy applies to all services that are hosted on the SDMS web site, information gathered in writing, or through any other electronic methods. You may view the SDMS Privacy Policy at <http://www.sdms.org/privacy.asp>.

Signature

NOTE:
This form
valid through
12/31/12

Please return completed application with appropriate dues payment to:
SDMS Membership Department ■ PO Box 200971, Dallas, TX 75320-0971 ■ (800) 229-9506 ■ (214) 473-8563 FAX