



SDMS Membership Application

Please type or print.

OFFICE USE ONLY

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

Address 1 _____

Address 2 _____

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

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

Email _____ Gender Female Male

For verification and CME tracking please provide the following:

Birthdate / /
(MM / DD / YY) Social Security XXX - XX -
(last 4 digits only)

Currently practicing which specialty(ies)/area(s): Abdomen Cardiac (Adult) Cardiac (Ped.) Neurosonology Vascular Breast Cardiac (Fetal) Musculoskeletal Ob/Gyn Veterinary

Registration/Certificates you hold:

RDMS RMSK RVS RT(CV) RT(VS) MD
 RDCS RPVI RCS RT(M) RT(BS) DO
 RVT RPhS RCCS RT(S) RN

Registry Numbers ARDMS* _____ ARRT _____ CCI _____

*(required for CME Tracker)

If registered, which specialty(ies): Abdomen [AB] Cardiac (Adult) [AE] Cardiac (Ped.) [PE] Ob/Gyn [OB] Breast [BR] Cardiac (Fetal) [FE] Neurosonology [NE] Vascular [VT]

Highest educational level completed: High School/GED Associate's Bachelor's Master's Doctorate

Membership Dues**

United States International
\$145.00 USD \$145.00 USD

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

** Membership in the Student and Advanced Practice Sonographer (APS) categories requires additional documentation and specific applications. Please go online at www.sdms.org for more information about Student and APS membership.

By signing 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.

Signature _____

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 _____ Signature _____
(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)

Membership dues to the SDMS are not deductible as a charitable contribution for U.S. Federal tax purposes, but may be partially deductible as a business expense. The SDMS estimates 13.6% of your dues are not deductible because of the SDMS' lobbying activities on behalf of its members.

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>.

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

WEB0112