



SDMS Student Membership Application

Please type or print.

office use only
This form is valid through
12/31/2012

Personal Information

Last Name _____ First Name _____ MI _____

Credentials _____

Address _____

City _____ State/Province _____ Zip+4/Postal Code _____ Country (if not US) _____ Daytime Phone _____

Email (Required for access to member benefits) _____ Gender M F Birthdate ____/____/____ Social Security XXX-XX-____
For verification and CME tracking

Office Use Only

Payment type: _____

Amount: _____

Batch#: _____ Item #: _____

Currently studying which specialty(ies)/area(s):

- Abdomen Cardiac (Adult) Cardiac (Pediatric) Neurosonology Vascular
- Breast Cardiac (Fetal) Musculoskeletal Ob/Gyn Veterinary

Registration/Certificates you hold:

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

Registry Numbers (*required for CME Tracker): ARDMS* _____ ARRT _____ CCI _____

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

Payment

SDMS Student Membership Dues

United States \$40.00
International \$40.00 (USD)

Student membership requires that your program director verify your student status and anticipated graduation date by completing the student status verification section on the back of this application.

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.

Check/Money Order for \$ _____ Check Number: _____

Charge \$ _____ to my Credit Card:

- American Express Discover MasterCard Visa

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

Cardholder's Billing Address (as it appears on statements): _____

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

Credit Card Number _____ Expiration Date _____

I hereby authorize the above charge to my credit card.

Signature _____



Please type or print.

Student Status Verification

The SDMS Bylaws defines a SDMS Student member as “... an individual who is currently enrolled in a diagnostic medical sonography program and must be considered a Student Member until completion of the educational program. A Student Member shall have all the benefits granted by the Society, but shall not have the right to vote, hold an elective office, or be elevated to Fellow.”

To comply with the SDMS Bylaws membership requirements, student status must be verified by the applicant’s current program director. The student dues payment must accompany this fully completed two-page membership application.

Student applications must be received on or before the applicant’s graduation date to be considered for SDMS student membership. If the applicant does not meet the SDMS Bylaw requirements, the dues payment will be refunded.

Program Director Affirmation

I hereby confirm that the applicant for SDMS Student membership is currently accepted or enrolled in a sonography-related educational program and the information provided in this section of the membership application is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Program Director Signature	Date	SDMS Member Number	
Student Name	<input type="text"/>		
Student Anticipated Graduation Date	<input type="text"/>	(mm/dd/yyyy)	
Program Director information			
First Name	<input type="text"/>	Last Name <input type="text"/>	
School/Program Name	<input type="text"/>		
Address	<input type="text"/>		
City	State	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone	<input type="text"/>	Email Address	<input type="text"/>



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

SDMS Membership Department • P.O. Box 200971, Dallas, TX 75320-0971 • 800.229.9506 • 214.473.8563 (FAX)