



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## EDUCATIONAL 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 MEMBERSHIPS	OPTIONS AVAILABLE				
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Benefits</b>					
<b>Annual Membership Dues (USD)</b>	<del>\$150</del> <del>\$250</del>	<del>\$650</del> <del>\$750</del>	<del>\$1,300</del> <del>\$1,400</del>	<del>\$3,150</del> <del>\$3,250</del>	<del>\$5,900</del> <del>\$6,000</del>
<b>Includes: SDMS Standard Memberships</b>	0	5	10	25	50
<b>Discount: SDMS CME Activity Application Fees (Includes SDMS Clinical Instructorship CME Credit)</b>	✓	✓	✓	✓	✓
<b>Discount: SDMS Store</b>	✓	✓	✓	✓	✓
<b>Discount: SDMS Annual Conference Registrations</b>	✓	✓	✓	✓	✓
<b>Organizational JDMS Subscription (print only)</b>		✓	✓	✓	✓
<b>Discount: SDMS Organizational Professional Liability Insurance*</b>			✓	✓	✓
<b>Discount: SDMS Job Board Postings</b>				✓	✓
<b>SDMS Medal Level Recognition (guaranteed minimum of Bronze level recognition)</b>					✓

\* Coverage is not guaranteed. Must complete application and qualify through SDMS Insurance Services.

Membership Tier/ Dues:  Tier 1/ \$150  Tier 2/ \$650  Tier 3/ \$1,300  Tier 4/ \$3,150  Tier 5/ \$5,900 \$ \_\_\_\_\_

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 \_\_\_\_\_

**NOTE:**  
This form is valid through 2/28/23

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

*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

