

Organization Name

SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

Address			
City	State/Province	Zip+4/Postal Code	
Country (If not US)	Website		
Primary Contact			
First Email (required)	MI	Last	
Daytime Phone ()	ext.	SDMS #	

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

Membership Tier/ Dues:	□Tier 1/ \$150	□ Tier 2/ \$650	□ Tier 3/	\$1,300 🗌]Tier 4/ \$3,1	50 🗌 Tier 5/	\$5,900 \$
Donation to the SDMS F	oundation: 🗆	\$50 🗆 \$100	□ \$250	□ \$500	□ \$1000	□Other <u>\$</u>	\$
The Society of Diagnostic Medical Sonogra organization described in section 501(c)(3					table		TOTAL: <u>\$</u>
Indicate Payment (PLEA:	SE PRINT)						
Credit Card	Credit Card Num	ber:			(CID:(3 or 4 digit code)	Expiration Date:
Check/ Money Order						(3 or 4 aight code)	
NOTE: This form is valid	Cardholder's Nar	ne (as it appears on c	card)	Si	ignature		
through 2/28/23	Cardholder's Billin	g Address (as it appea	irs on statemer	nt – Please inc	lude address, cit	ty, 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. 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

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



This form must be used to add individual beneficiaries to your SDMS organizational membership. Please provide the requested information in the table below for each individual receiving SDMS membership benefits under the organizational membership. A membership application must be provided for each beneficiary who is not a current SDMS customer.

Beneficiary List (attach additional pages with this section's information if needed for more beneficiaries)

Beneficiary Name (First & Last)	Email Address	Date of Birth	ARDMS # (if applicable)	SDMS # (if applicable)
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Primary Contact Affirmation

As the primary contact for this SDMS organizational membership, I hereby attest that I have the authority to give consent for the contacts listed above to receive SDMS communications (i.e., email and physical mail). I understand that each contact listed above may subsequently make changes to their personal communications preferences in the "My Profile" area of the SDMS website (sdms.org/membership/manage-membership/my-profile). I understand that beneficiary information must be provided within 2 months of initial membership and may only be changed during future open enrollment periods, beginning 90 days prior to the organization's membership expiration date through the expiration date.

Signature: _____

Date: _____

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