



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## STANDARD MEMBERSHIP APPLICATION

Name Mr./Ms./Dr. \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Credentials \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address  Home  Work \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone  Mobile ( \_\_\_\_\_ )  Work \_\_\_\_\_  
(If not US)

Email \_\_\_\_\_ Communication preferences may be customized through your SDMS member profile.

*Please provide us with the following information. It will be used for verification and CME tracking purposes only.*  
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)  
**Gender:**  Female  Male

**Highest Diploma/Degree:**  
 High School/GED  Master's Degree  
 Associate's Degree  Doctorate  
 Bachelor's Degree

**Job Category:**  Clinical/ Management  Education  Industry Representative **Date Began in Sonography:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM/DD/YYYY)

**How do you prefer to be contacted?:** (Select one)  Text  Phone  Email  Mail

**Credentials/Licenses:**

- RDMS
- RMSKS
- RPVI
- RVT

- ACS
- RCCS
- RCIS
- RCS
- RPhS
- RVS

- RT(BS) [Breast]
- RT(S)
- RT(VS) [Vascular]

- CRCS
- CRGS
- CRVS

ARDMS Registry # \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

CCI Registry # \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

ARRT Registry # \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

Sonography Canada Registry # \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

**Specialties:**

- |                          |                          |                          |                          |                           |                          |  |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--|--------------------------|
| Practicing               | Certified                | Practicing               | Certified                | Practicing                | Certified                | Practicing                                     | Certified                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> |
| Abdomen [AB]             |                          | Cardiac (Fetal) [FE]     |                          | Neurosonology [NE]        |                          | Vascular [VT]                                  |                          |
| <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/>  |                          | <input type="checkbox"/>                       |                          |
| Breast [BR]              |                          | Cardiac (Ped) [PE]       |                          | OB/GYN [OB]               |                          | <input checked="" type="checkbox"/> Veterinary |                          |
| <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/>  |                          | <input type="checkbox"/>                       |                          |
| Cardiac (Adult) [AE]     |                          | Musculoskeletal [MSK]    |                          | Pediatric Sonography [PS] |                          | None   |                          |
| <input type="checkbox"/> |                          | <input type="checkbox"/> |                          | <input type="checkbox"/>  |                          | <input type="checkbox"/>                       |                          |

**Membership Dues\*:**  1 - Year \$160 USD  2 - Year \$290 USD  3 - Year \$420 USD \$ \_\_\_\_\_

\*Membership in the Student category requires additional documentation and a specific application. Please go online at [sdms.org](http://sdms.org) for more information about Student membership.

**Donation to the SDMS Foundation:**  \$10  \$25  \$50  \$100  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) Expedite your membership application. Pay online now at [sdms.org/join](http://sdms.org/join)**

Credit Card Credit Card Number: \_\_\_\_\_ CID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(3 or 4 digit code)

Check/ Money Order

**NOTE:**  
This form is valid through 12/31/20

Cardholder's Name (as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

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 application with appropriate dues payment to:**  
SDMS Membership Department • PO Box 200971, Dallas, TX 75320-0971 • +1 214.473.8563 Fax  
**Questions?** 800.229.9506 • +1 214.473.8057 • [membership@sdms.org](mailto:membership@sdms.org)