SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

STANDARD MEMBERSHIP APPLICATION

Name _____ (First) _____ (MI) _____ (Last) Credentials _____

Organization _____

Mailing Address ☐ Home ☐ Work _____

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

Country _____ (If not US) Phone ☐ Mobile ☐ Work ( ) _____

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 ☐ Prefer Not to Specify

Highest Diploma/Degree:

☐ High School/GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

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

Credentials/Licenses:

☐ RDCS ☐ RDMS ☐ RMSK ☐ RMSKS ☐ RPVI ☐ RVT

ARDMS Registry # _____ CME Period Expiration *(MM/DD/YYYY)* ___/___/___

☐ ACS ☐ RCCS ☐ RCIS ☐ RCS ☐ RPhS ☐ RVS

CCI Registry # _____ CME Period Expiration *(MM/DD/YYYY)* ___/___/___

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

ARRT Registry # _____ CME Period Expiration *(MM/DD/YYYY)* ___/___/___

☐ CRCS ☐ CRGS ☐ CRVS

Sonography Canada Registry # _____ CME Period Expiration *(MM/DD/YYYY)* ___/___/___

Specialties:

Practicing	Certified
☐	☐ Abdomen [AB]
☐	☐ Breast [BR]
☐	☐ Cardiac (Adult) [AE]
☐	☐ Cardiac (Fetal) [FE]
☐	☐ Cardiac (Ped) [PE]
☐	☐ Musculoskeletal [MSK]
☐	☐ Neurosonology [NE]
☐	☐ OB/GYN [OB]
☐	☐ Pediatric Sonography [PS]
☐	☐ Vascular [VT]
☐	■ Veterinary
☐	☐ None

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 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***

☐ Credit Card

☐ Check/ Money Order

Credit Card Number: _____ CID: _____ *(3 or 4 digit code)* Expiration Date: _____

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) _____

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

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 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