



# 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 \_\_\_\_\_ 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  Prefer Not to Specify

### 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)

### Credentials/Licenses:

- RDCS  RMSKS
- RDMS  RPVI
- RMSK  RVT

- ACS  RCS
- RCCS  RPhS
- RCIS  RVS

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

- CRCS
- CRGS
- CRVS

ARDMS Registry # \_\_\_\_\_  
/ /

CCI Registry # \_\_\_\_\_  
/ /

ARRT Registry # \_\_\_\_\_  
/ /

Sonography Canada Registry # \_\_\_\_\_  
/ /

CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

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CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

CME Period Expiration (MM/DD/YYYY) \_\_\_\_\_

### Specialties:

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

**Membership Dues\*:**  1 - Year \$175 USD  2 - Year \$320 USD  3 - Year \$465 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 \_\_\_\_\_  
Cardholder's Name (as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE:**  
This form is valid through 12/31/23

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 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)