

SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

STANDARD MEMBERSHIP APPLICATION

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			Communication preferences may be customized through your SDMS member profile.
Please provide us with to used for verification and Date of Birth: // Gender:		Highest Diploma/Degree: High School/GED Mas Associate's Degree Doc Bachelor's Degree	ster's Degree ctorate
Job Category: Clinical/	Management 🗌 Education 🔲 Indu	ustry 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 (<i>MM/DD/YYYY</i>)	CME Period Expiration (MM/DD/YYYY)	/ / CME Period Expiration (MM/DD/YYYY)	CME Period Expiration (MM/DD/YYYY)
Specialties:			Civil renod Expiration (wiwi/DD/TTTT)
Practicing Certified Abdomen [AB] Breast [BR] Cardiac (Adult) [A	Practicing Certified Cardiac (Fetal) [FE] Cardiac (Ped) [PE] E] D Musculoskeletal [N	OB/GYN [OB]	🗌 🔳 Veterinary
Membership Dues*: 1			\$
*Membership in the Student category requin	res additional documentation and a specific application. Please	go online at sdms.org for more information about Student mer	
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NOTE:	Cardholder's Name (as it appears on card)	Signature	
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Please return completed application with appropriate dues payment to:

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Questions? 800.229.9506 • +1 214.473.8057 • membership@sdms.org