



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

ORGANIZATIONAL MEMBERSHIP APPLICATION

Organization Name _____

Address _____

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

Country _____ Website _____
(If not US)

Primary Contact Mr./Ms./Dr _____
First MI Last

Email (required) _____

Daytime Phone () _____ ext. _____ SDMS # _____

SDMS ORGANIZATIONAL MEMBERSHIPS	OPTIONS AVAILABLE*				
	Tier 1	Tier 2	Tier 3 <small>Best Value!</small>	Tier 4	Tier 5
Annual Membership Dues (USD)**	\$250	\$750	\$1,400	\$3,250	\$6,000
Includes: SDMS Standard Memberships	0	5	10	25	50
Includes: SDMS Clinical Instructorship CME Credit (CAAHEP Accredited Educational Programs Only)	✓	✓	✓	✓	✓
Discounts: SDMS CME Activity Application Fees	✓	✓	✓	✓	✓
Discounts: SDMS Store	✓	✓	✓	✓	✓
Discounts: SDMS Annual Conference Registrations	✓	✓	✓	✓	✓
Includes: Organizational JDMS Subscription (print only)		✓	✓	✓	✓
Discounts: SDMS Organizational Professional Liability Insurance***			✓	✓	✓
Discounts: SDMS Job Board Postings				✓	✓
Includes: SDMS Medal Level Recognition (guaranteed minimum of Bronze level recognition)					✓

* Checkmark (✓) indicates the benefit is included in the Organizational Membership Tier.
 ** Discounted pricing is available for CAAHEP accredited educational programs.
 *** Coverage is not guaranteed. Must complete application and qualify through SDMS Insurance Services.

Membership Tier/ Dues: Tier 1/ \$250 Tier 2/ \$750 Tier 3/ \$1,400 Tier 4/ \$3,250 Tier 5/ \$6,000 \$ _____

Donation to the SDMS Foundation: \$50 \$100 \$250 \$500 \$1000 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)

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 12/31/20

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. 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

