



# 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 \_\_\_\_\_  
First MI Last

Email (required) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ SDMS # \_\_\_\_\_

SDMS ORGANIZATIONAL MEMBERSHIPS	OPTIONS AVAILABLE					
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<b>Benefits</b>						
<b>SDMS Annual Membership Dues (USD)</b>	\$275	\$825	\$1,600	\$4,000	\$7,500	\$14,500
<b>Includes: SDMS Standard Memberships</b>	0	5	10	25	50	100
<b>Member Discounts: SDMS CME Activity Application Fees</b>	✓	✓	✓	✓	✓	✓
<b>Member Discounts: SDMS Store</b>	✓	✓	✓	✓	✓	✓
<b>Member Discounts: SDMS Events Registrations (virtual and in-person)</b>	✓	✓	✓	✓	✓	✓
<b>Member Discounts: Professional Individual Sonographer Liability Insurance*</b>	✓	✓	✓	✓	✓	✓
<b>Includes: JDMS Subscription</b>		✓	✓	✓	✓	✓
<b>Member Discounts: SDMS Job Board Postings</b>				✓	✓	✓
<b>Includes: SDMS Medal Level Recognition (guaranteed minimum of Bronze recognition)</b>					✓	✓

\*Coverage is not guaranteed. Must complete application and qualify through SDMS Insurance Services.

**Membership Tier/ Dues:**  Tier 1/\$275  Tier 2/\$825  Tier 3/\$1,600  Tier 4/\$4,000  Tier 5/ \$7,500  Tier 6/\$14,500

\$ \_\_\_\_\_

**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 \_\_\_\_\_

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 12/31/2024

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 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



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## ORGANIZATIONAL BENEFICIARY FORM

This form must be used to add individual beneficiaries to your SDMS organizational membership. Please provide the requested information in the table below for each individual receiving SDMS membership benefits under the organizational membership. A membership application must be provided for each beneficiary who is not a current SDMS customer.

### Beneficiary List (attach additional pages with this section's information if needed for more beneficiaries)

Beneficiary Name (First & Last)	Email Address	Date of Birth	ARDMS # (if applicable)	SDMS # (if applicable)
		__/__/____	_____	_____
		__/__/____	_____	_____
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		__/__/____	_____	_____
		__/__/____	_____	_____
		__/__/____	_____	_____

### Primary Contact Affirmation

As the primary contact for this SDMS organizational membership, I hereby attest that I have the authority to give consent for the contacts listed above to receive SDMS communications (i.e., email and physical mail). I understand that each contact listed above may subsequently make changes to their personal communications preferences in the "My Profile" area of the SDMS website ([sdms.org/membership/manage-membership/my-profile](http://sdms.org/membership/manage-membership/my-profile)). I understand that beneficiary information must be provided within 2 months of initial membership and may only be changed during future enrollment periods, beginning 90 days prior to the organization's membership expiration date through the expiration date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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