



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

RETIRED MEMBERSHIP APPLICATION

Name Mr./Ms./Dr. _____ Credentials _____
First MI Last

Organization _____ Department _____

Mailing Address Home Work _____

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

Country _____ Daytime Phone () _____ ext. _____
(If not US)

Email _____ Communication preferences may be customized through your SDMS member profile.

Your must be at least sixty years of age to qualify for SDMS Retired Membership. Your date of birth must be provided below.
Date of Birth: ____/____/____ (MM/DD/YYYY)
Gender: Female Male

Highest Diploma/Degree:
 High School/GED Master's Degree
 Associate's Degree Doctorate
 Bachelor's Degree **Degree Area:** _____

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

Job Title: _____ **Primary Job Role:** _____

Credentials/Licenses:

<input type="checkbox"/> RDMS	<input type="checkbox"/> RMSKS	<input type="checkbox"/> ACS	<input type="checkbox"/> RCS	<input type="checkbox"/> RT(BS) [Breast]	<input type="checkbox"/> CRCS
<input type="checkbox"/> RDMS	<input type="checkbox"/> RPVI	<input type="checkbox"/> RCCS	<input type="checkbox"/> RPhS	<input type="checkbox"/> RT(S)	<input type="checkbox"/> CRGS
<input type="checkbox"/> RMSK	<input type="checkbox"/> RVT	<input type="checkbox"/> RCIS	<input type="checkbox"/> RVS	<input type="checkbox"/> RT(VS) [Vascular]	<input type="checkbox"/> CRVS

ARDMS Registry # _____	CCI Registry # _____	ARRT Registry # _____	Sonography Canada Registry # _____
____/____/____	____/____/____	____/____/____	____/____/____
CME Period Expiration (MM/DD/YYYY) _____	CME Period Expiration (MM/DD/YYYY) _____	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"/>	OB/GYN [OB]	Practicing <input type="checkbox"/>	Certified <input checked="" type="checkbox"/>	Veterinary
<input type="checkbox"/>	<input type="checkbox"/>	Breast [BR]	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (Ped) [PE]	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Sonography [PS]	<input type="checkbox"/>	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (Adult) [AE]	<input type="checkbox"/>	<input type="checkbox"/>	Neurosonology [NE]	<input type="checkbox"/>	<input type="checkbox"/>	Vascular [VT]			

Membership Dues*: \$80 USD \$ 80

*Membership in the Retired category excludes access to free, unlimited CME credit opportunities.

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 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 12/31/18

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 application with appropriate dues payment to:

SDMS Membership Department • PO Box 200971, Dallas, TX 75320-0971 • 800.229.9506 • +1 214.473.8057 • +1 214.473.8563 Fax