SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

RETIRED MEMBERSHIP APPLICATION

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

Organization _____

Mailing Address ☐ Home ☐ Work _____

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

Country _____ (If not US) Phone ☐ Mobile ☐ Work ( ) _____

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 ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

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

How do you prefer to be contacted?: *(Select one)* ☐ Text ☐ Phone ☐ Email ☐ Mail

Credentials/Licenses:

☐ RDCS ☐ RDMS ☐ RMSK ☐ RMSKS ☐ RPVI ☐ RVT

_____ ARDMS Registry #

____/____/____ CME Period Expiration *(MM/DD/YYYY)*

☐ ACS ☐ RCCS ☐ RCIS ☐ RCS ☐ RPhS ☐ RVS

_____ CCI Registry #

____/____/____ CME Period Expiration *(MM/DD/YYYY)*

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

_____ ARRT Registry #

____/____/____ CME Period Expiration *(MM/DD/YYYY)*

☐ CRCS ☐ CRGS ☐ CRVS

_____ Sonography Canada Registry #

____/____/____ CME Period Expiration *(MM/DD/YYYY)*

Specialties:

Practicing	Certified
☐	☐ Abdomen [AB]
☐	☐ Breast [BR]
☐	☐ Cardiac (Adult) [AE]
☐	☐ Cardiac (Fetal) [FE]
☐	☐ Cardiac (Ped) [PE]
☐	☐ Musculoskeletal [MSK]
☐	☐ Neurosonology [NE]
☐	☐ OB/GYN [OB]
☐	☐ Pediatric Sonography [PS]
☐	☐ Vascular [VT]
☐	■ Veterinary
☐	☐ None

Membership Dues*: $80 USD $ 80

**Membership in the Retired category excludes access to free, unlimted 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

☐ Check/ Money Order

Credit Card Number: _____ CID: _____ *(3 or 4 digit code)* Expiration Date: _____

_____ 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 12/31/20

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 • +1 214.473.8563 Fax

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