



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

RETIRED MEMBERSHIP APPLICATION

Name _____ Credentials _____
First MI Last

Organization _____

Mailing Address Home Work _____

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

Country _____ Phone Mobile () Work _____
(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 Prefer Not to Specify

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

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

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"/>	Neurosonology [NE]	Practicing <input type="checkbox"/>	Certified <input type="checkbox"/>	Vascular [VT]
<input type="checkbox"/>	<input type="checkbox"/>	Breast [BR]	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (Ped) [PE]	<input type="checkbox"/>	<input type="checkbox"/>	OB/GYN [OB]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Veterinary
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac (Adult) [AE]	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal [MSK]	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Sonography [PS]	<input type="checkbox"/>	<input type="checkbox"/>	None

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 12/31/21

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 • +1 214.473.8563 Fax
Questions? 800.229.9506 • +1 214.473.8057 • membership@sdms.org