



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

**Membership Dues\*: \$80 USD** \$ 80

*\*Membership in the Retired category excludes access to free, unlimited CME credit opportunities. CME credit opportunities may be purchased at a reduced rate.*

**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](http://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 2/28/23

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](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 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](mailto:membership@sdms.org)