



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## RETIRED MEMBERSHIP APPLICATION

Name Mr./Ms./Dr. \_\_\_\_\_  
First MI Last Credentials \_\_\_\_\_

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](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 \_\_\_\_\_

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](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 • 800.229.9506 • +1 214.473.8057 • +1 214.473.8563 Fax