



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## STUDENT GROUP MEMBERSHIP FORM

This form may be used to apply for SDMS Membership for a group of students enrolled in a sonography educational program. A check may be provided upon application (receipt will be provided to the billing contact listed) or an itemized invoice may be requested by the institution for payment. Memberships will not be processed until payment is received.

### Program Information

School Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

### Faculty Information

Are you a current SDMS member? Program faculty will be credited \$5 towards their next annual SDMS membership renewal dues for each new student member recruited. For more information visit: [sdms.org/mgam](http://sdms.org/mgam)

Printed Name \_\_\_\_\_ SDMS # \_\_\_\_\_

Program Affiliation:  Program Director |  Clinical Coordinator |  Faculty |  Other \_\_\_\_\_

### Student List (attach additional pages with this section's information if needed for more students)

Student Anticipated Graduation Date: \_\_\_\_\_ Total Number of Students: \_\_\_\_\_  
(mm/dd/yyyy)

Student Name (First & Last)	Anticipated Grad Date (if different from above)	New Membership (attach completed application)	Renewal / SDMS #
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____
		<input type="checkbox"/>	<input type="checkbox"/> _____

### Program Faculty Affirmation

I hereby confirm that the individuals for SDMS Student Membership listed on this invoice are currently accepted or enrolled in a sonography-related educational program and the information provided is accurate. I understand that providing false or misleading information may result in denial of the application and other action deemed appropriate by the SDMS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach all Student Membership Applications and send to:**

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