



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

RETIRED MEMBERSHIP APPLICATION

Name _____ 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 ☐ 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:

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

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

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

- ☐ CRCS
☐ CRGS
☐ CRVS

ARDMS Registry #
____ / ____ / ____

CCI Registry #
____ / ____ / ____

ARRT Registry #
____ / ____ / ____

Sonography Canada Registry #
____ / ____ / ____

CME Period Expiration (MM/DD/YYYY)

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Specialties:

Practicing Certified

- ☐ ☐ Abdomen [AB]
☐ ☐ Breast [BR]
☐ ☐ Cardiac (Adult) [AE]

Practicing Certified

- ☐ ☐ Cardiac (Fetal) [FE]
☐ ☐ Cardiac (Ped) [PE]
☐ ☐ Musculoskeletal [MSK]

Practicing Certified

- ☐ ☐ Neurosonology [NE]
☐ ☐ OB/GYN [OB]
☐ ☐ Pediatric Sonography [PS]

Practicing Certified

- ☐ ☐ Vascular [VT]
☒ ☐ Veterinary
☐ ☐ None

Membership Dues*: \$90 USD

\$ 90

*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: ☐ \$15 ☐ \$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

NOTE:

This form is valid
through 12/31/2026

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) _____

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

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