



# SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

## STUDENT MEMBERSHIP APPLICATION

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

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.

Please provide us with the following information. It will be used strictly for verification and CME tracking purposes only.  
**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:** \_\_\_\_\_

### 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\*: \$45 USD** \$45

\*Student membership requires that your program faculty verify your student status and anticipated graduation date by completing the student status verification section attached to this application..

**Donation to the SDMS Foundation:**  \$10  \$15  \$25  \$50  \$75  \$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

**NOTE:**  
This form is valid through 12/31/17

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 [www.sdms.org/taxes](http://www.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 two-page application with appropriate dues payment to:**

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

