



# CORPORATE/BUSINESS/INSTITUTION MEMBERSHIP

**SDMS OFFICE USE ONLY**

Member #: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_  
 Amt: \$ \_\_\_\_\_  
 Batch or Reference #: \_\_\_\_\_  
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 Item #: \_\_\_\_\_



**SDMS:  
Expect  
Excellence**

SDMS CBI membership is available to commercial firms or businesses involved in the manufacture and sale of ultrasound equipment and/or accessories, pharmaceuticals, or formal publications related to sonography OR an institution involved in education and training related to sonography.

Membership in the SDMS links you to the largest sonography organization representing all ultrasound specialty areas in the world. Your membership gives you access to information, professional education, government affairs advocacy, and interaction with your colleagues in the ultrasound community.

As a SDMS CBI member you will receive discounts on many services offered by the SDMS which enhance your relationship with sonographers and will help you reach qualified sales contacts. To take advantage of CBI membership and begin using the benefits enjoyed by many companies in the ultrasound community, just complete this form and return it to the address below. Or go online at <https://secure.sdms.org/membership/memberjoin.asp> to join today.

## Corporate/Business/Institution Investment Returns

Benefits of CBI membership:

- Exclusively to CBI members - additional 30% discount on SDMS mailing lists (electronic delivery only)
- Priority notification of SDMS Annual Conference exhibition opportunities
- One FREE registration for the SDMS Annual Conference (must be exhibiting to be eligible)
- FREE logo on SDMS website (<http://www.sdms.org/membership/cbiroster.asp>)
- FREE subscription to the *Journal of Diagnostic Medical Sonography* and *Sound News*
- Access to the Member's Only section of the SDMS website
- Discount on Continuing Medical Education credit application processing fees

**Corporate/Business/Institution Member Dues:** \$495 per year

To apply, please complete the following information and return it to SDMS at the address listed below. Please Note: The person named as Contact will be the person to receive all communications, both written and electronic, from the SDMS. If the Contact Name should change, please call our Membership Department at 800-229-9506 to update your information.

Organization: \_\_\_\_\_

Contact Name: Mr./Ms./Dr. \_\_\_\_\_  
Last First

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip+4/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number:( \_\_\_\_\_ ) \_\_\_\_\_

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

### Indicate payment method (U.S. dollars drawn on U.S. bank)

NOTE:  
This form valid  
through 12/31/09

Check/Money Order for \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Charge\* \$ \_\_\_\_\_ to:  American Express  Discover  MasterCard  Visa

**\*To expedite your membership application, use your credit card and join online now at [www.sdms.org/membership/join.asp](http://www.sdms.org/membership/join.asp)**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(as it appears on card) (Please include address, city, state/province, and zip/postal code as it appears on statement)