

PLEASE TYPE OR PRINT

# SDMS Membership Application

OFFICE USE ONLY

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

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ (If not US) Daytime Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Email \_\_\_\_\_ Gender  Female  Male

For verification and CME tracking please provide the following: Birthdate //\_\_\_\_ Social Security XXX - XX -  (last 4 digits only)

Currently practicing which specialty(ies)/area(s):  Abdomen  Breast  Cardiac (Adult)  Cardiac (Ped.)  Neurosonology  Ob/Gyn  Ophthalmology  Cardiac (Fetal)  Vascular  Veterinary

Registration/Certificates you hold:  RDMS  RVS  RT(CV)  RT(VS)  MD  ROUB  RDCS  RCS  RT(M)  RT(BS)  DO  RN  RVT  RPVI  RT(S)

Registry Numbers ARDMS\* \_\_\_\_\_ ARRT \_\_\_\_\_ CCI\* \_\_\_\_\_  
\*(required for CME Tracker)

If registered, which specialty(ies):  Abdomen [AB]  Breast [BR]  Cardiac (Adult) [AE]  Cardiac (Ped.) [PE]  Neurosonology [NE]  Ob/Gyn [OB]  Ophthalmology [OP]  Cardiac (Fetal) [FE]  Vascular [VT]

Highest educational level completed:  High School/GED  Associate's  Bachelor's  Master's  Doctorate

### Membership Dues\*\*

United States International  
\$145.00 USD \$145.00 USD

OFFICE USE ONLY Payment Type: \_\_\_\_\_ Amt: \$ \_\_\_\_\_  
Batch #: \_\_\_\_\_ Item #: \_\_\_\_\_

\*\* Membership in the Student and Advanced Practice Sonographer (APS) categories requires additional documentation and specific applications. Please go online at [www.sdms.org](http://www.sdms.org) for more information about Student and APS membership.

**By signing this application I affirm that the information contained in this application is true and accurate. I further understand that the falsification of this information is in violation of the Code of Ethics for the Profession of Diagnostic Medical Sonography and will result in the rejection of this membership application. I also understand that membership dues submitted with this application are non-refundable and can not be transferred.**

Signature \_\_\_\_\_

### Please indicate payment: (U.S. dollars drawn on U.S. bank)

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

Charge\* \$ \_\_\_\_\_ to my:  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 \_\_\_\_\_  
(as it appears on card)

Cardholder's Billing Address \_\_\_\_\_  
(as it appears on statement) (Please include address, city, state/province/country, and zip+4/postal code)

Membership dues to the SDMS are not deductible as a charitable contribution for U.S. Federal tax purposes, but may be partially deductible as a business expense. The SDMS estimates 15% of your dues are not deductible because of the SDMS' lobbying activities on behalf of its members.

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. The Privacy Policy applies to all services that are hosted on the SDMS web site, information gathered in writing, or through any other electronic methods. You may view the SDMS Privacy Policy at <http://www.sdms.org/privacy.asp>.

NOTE: This form valid through 12/31/09

Please return completed application with appropriate dues payment to:  
SDMS Membership Department ■ PO Box 200971, Dallas, TX 75320-0971 ■ (800) 229-9506 ■ (214) 473-8563 FAX

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