STANDARD MEMBERSHIP APPLICATION

Name	MI Last	Credentials	
Organization			
Mailing Address Work —			
City	State/Pr	rovince Zip+4/Posta	al Code
Country	Phone Mobile ()		
			Communication preferences may be customized through your SDMS member profile.
Please provide us with the following information. It will be used for verification and CME tracking purposes only. Date of Birth: / / (MM/DD/YYYY) Gender: Female Male Prefer Not to Specify		Highest Diploma/Degree: High School/GED	
Job Category: Clinical/	Management 🗌 Education 🔲 Ind	ustry Representative	Sonography: / /
Credentials/Licenses:			
□ RDCS □ RMSKS □ RDMS □ RPVI □ RMSK □ RVT	☐ ACS ☐ RCS ☐ RCS ☐ RCCS ☐ RPhS ☐ RCIS ☐ RVS	☐ RT(BS) [Breast] ☐ RT(S) ☐ RT(VS) [Vascular]	☐ CRCS ☐ CRGS ☐ CRVS
ARDMS Registry # / / CME Period Expiration (MM/DD/YYYY)	CCI Registry # / / CME Period Expiration (MM/DD/YYYY)	ARRT Registry # / CME Period Expiration (MM/DD/YYYY)	Sonography Canada Registry # / / CME Period Expiration (MM/DD/YYYY)
Specialties:			
Practicing Certified	Practicing Certified Cardiac (Fetal) [FE Cardiac (Ped) [PE] Musculoskeletal [N]	☐ ■ Veterinary
•	- Year \$175 USD 2 - Year \$3		\$ embershin
	bundation: \square \$15 \square \$25 \square \$5		\$
The Society of Diagnostic Medical Sonograph	y (SDMS) Foundation is recognized by the Internal Revenue Se of the Internal Revenue Code. Your donation will be deductible:	rvice (IRS) as a tax exempt charitable	TOTAL: \$
Indicate Payment (PLEAS	E PRINT) Expedite your member	ship application. Pay online now a	t sdms.org/join
☐ Credit Card	Credit Card Number:	CID:	Expiration Date:
☐ Check/ Money Order		(30	r 4 aigh coae)
NOTE: This form is valid	Cardholder's Name (as it appears on card,) Signature	
contribution. For information on par	Cardholder's Billing Address (as it appears of the Cardholder's Billing Address) (as it appears of the Cardholder's Billing Address (as it appears of the Cardh	s expense, go to sdms.org/taxes. SDMS takes t	ot tax deductible as a charitable the privacy of your personal information

Please return completed application with appropriate dues payment to: