

## STANDARD MEMBERSHIP APPLICATION

Name	MI Last	Credentials	
Organization			
Mailing Address Work			
City	State/Pr	rovince Zip+4/Pos	stal Code
Country	Pho	one 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	in Sonography: / / (MM/DD/YYYY)
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	☐ ☐ OB/GYN [OB]	☐ ■ Veterinary
Membership Dues*: 1  *Membership in the Student category require	- <b>Year</b> \$175 USD <b>2 - Year</b> \$3		
	oundation: □\$15 □\$25 □\$5		\$
The Society of Diagnostic Medical Sonograph	y (SDMS) Foundation is recognized by the Internal Revenue Se f the Internal Revenue Code. Your donation will be deductible t	rvice (IRS) as a tax exempt charitable	TOTAL: \$
Indicate Payment (PLEASI	E PRINT) Expedite your member	ship application. Pay online now	at <b>sdms.org/join</b>
☐ Credit Card	Credit Card Number:	CID:	Expiration Date:
☐ Check/ Money Order		(.	3 or 4 digit code)
<b>NOTE:</b> This form is valid	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)  SDMS to process funds by electronic funds transfer (ACH). Membership dues to the SDMS are not tax deductible as a charitable		
	tially deducting membership dues as a busines mation only in accordance with the terms of the		

Please return completed application with appropriate dues payment to: