ORGANIZATIONAL MEMBERSHIP APPLICATION

Organ	nization Name						
Addre	ess						
			Zip+4/Postal Code				
Country		Website					
		First M					
		First M	·				
			SDMS #				
		SDMS Organizational Annual Dues	SDMS Standard Memberships Included				
	Tier 1	\$275	0				
	Tier 2	\$825	5				
	Tier 3	\$1,600	10				
	Tier 4	\$4,000	25				
	Tier 5	\$7,500	50				
	Tier 6	\$14,500	100				
	•	Dues: ☐Tier 1/\$275 ☐ Tier 2/\$825 ☐ Tier 3/\$1	,600				
Dona	ntion to the SI	DMS Foundation: □\$50 □\$100 □\$250	□ \$500 □ \$1000 □ Other <u>\$</u>				
Serv	rice (IRS) as a tax ex	tic Medical Sonography (SDMS) Foundation is recognized by the Ini empt charitable organization described in section 501(c)(3) of the I ill be deductible to the extent permitted by law.					
Indic	ate Payment ((PLEASE PRINT)					
☐ Credit Card		Credit Card Number:	CID: Expiration Date:				
☐ Check/ Money Order							
Thi	NOTE: is form is valid	Cardholder's Name (as it appears on card)	Signature				
thro	ugh 12/31/2025	Cardholder's Billing Address (as it appears on statemer	Cardholder's Billing Address (as it appears on statement – Please include address, city, state/province, and zip/postal code)				
contrib	oution. For informati		dembership dues to the SDMS are not tax deductible as a charitable go to sdms.org/taxes. SDMS takes the privacy of your personal information vacy Policy, available at: sdms.org/privacy				

This form must be used to add individual beneficiaries to your SDMS organizational membership. Please provide the requested information in the table below for each individual receiving SDMS membership benefits under the organizational membership. A membership application must be provided for each beneficiary who is not a current SDMS customer.

Beneficiary List (attach additional pages with this section's information if needed for more beneficiaries)

Beneficiary Name (First & Last)	Email Address	Date of Birth	ARDMS # (if applicable)	SDMS # (if applicable)
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Primary Contact Affirmation

As the primary contact for this SDMS organizational membership, I hereby attest that I have the authority to give consent for the contacts listed above to receive SDMS communications (i.e., email and physical mail). I understand that each contact listed above may subsequently make changes to their personal communications preferences in the "My Profile" area of the SDMS website (sdms.org/membership/manage-membership/my-profile). I understand that beneficiary information must be provided within 2 months of initial membership and may only be changed during future open enrollment periods, beginning 90 days prior to the organization's membership expiration date through the expiration date.

Signature:	Date: