



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

ORGANIZATIONAL MEMBERSHIP APPLICATION

Organization Name _____

Address _____

City _____ State/Province _____ Zip+4/Postal Code _____

Country _____ Website _____
(If not US)

Primary Contact _____
First MI Last

Email (required) _____

Daytime Phone () _____ ext. _____ 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

Membership Tier/ Dues: Tier 1/\$275 Tier 2/\$825 Tier 3/\$1,600 Tier 4/\$4,000 Tier 5/ \$7,500 Tier 6/\$14,500

\$ _____

Add additional Standard Memberships to any Membership Tier for \$165 each: Quantity _____ x \$165: \$ _____

Donation to the SDMS Foundation: \$50 \$100 \$250 \$500 \$1000 Other _____ \$ _____

The Society of Diagnostic Medical Sonography (SDMS) Foundation is recognized by the Internal Revenue Service (IRS) as a tax exempt charitable organization described in section 501(c)(3) of the Internal Revenue Code. Your donation will be deductible to the extent permitted by law.

TOTAL: \$ _____

Indicate Payment (PLEASE PRINT)

Credit Card Credit Card Number: _____ CID: _____ Expiration Date: _____
(3 or 4 digit code)

Check/ Money Order _____
Cardholder's Name (as it appears on card) _____ Signature _____

NOTE:
This form is valid through 12/31/2025

Cardholder's Billing Address (as it appears on statement – Please include address, city, state/province, and zip/postal code) _____

Payment by check authorizes the SDMS to process funds by electronic funds transfer (ACH). Membership dues to the SDMS are not tax deductible as a charitable contribution. For information on partially deducting membership dues as a business expense, go to sdms.org/taxes. 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, available at: sdms.org/privacy

Please return completed two-page application with appropriate dues payment to:

SDMS Membership Department • 2745 Dallas Pkwy Ste 350, Plano, TX 75093-8730 • 800.229.9506 • +1 214.473.8057 • +1 214.473.8563 Fax

