



# 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 Mr./Ms./Dr \_\_\_\_\_  
First MI Last

Email (required) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ SDMS # \_\_\_\_\_

SDMS ORGANIZATIONAL MEMBERSHIPS	OPTIONS AVAILABLE*				
	Tier 1	Tier 2	Tier 3 <i>Best Value!</i>	Tier 4	Tier 5
<b>Annual Membership Dues (USD)**</b>	\$250	\$750	\$1,400	\$3,250	\$6,000
<b>Includes: SDMS Standard Memberships</b>	0	5	10	25	50
<b>Includes: SDMS Clinical Instructorship CME Credit (CAAHEP Accredited Educational Programs Only)</b>	✓	✓	✓	✓	✓
<b>Discounts: SDMS CME Activity Application Fees</b>	✓	✓	✓	✓	✓
<b>Discounts: SDMS Store</b>	✓	✓	✓	✓	✓
<b>Discounts: SDMS Annual Conference Registrations</b>	✓	✓	✓	✓	✓
<b>Includes: Organizational JDMS Subscription (print only)</b>		✓	✓	✓	✓
<b>Discounts: SDMS Organizational Professional Liability Insurance***</b>			✓	✓	✓
<b>Discounts: SDMS Job Board Postings</b>				✓	✓
<b>Includes: SDMS Medal Level Recognition (guaranteed minimum of Bronze level recognition)</b>					✓

\* Checkmark ( ✓ ) indicates the benefit is included in the Organizational Membership Tier.  
 \*\* Discounted pricing is available for CAAHEP accredited educational programs.  
 \*\*\* Coverage is not guaranteed. Must complete application and qualify through SDMS Insurance Services.

**Membership Tier/ Dues:**  Tier 1/ \$250    Tier 2/ \$750    Tier 3/ \$1,400    Tier 4/ \$3,250    Tier 5/ \$6,000   \$ \_\_\_\_\_

**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 12/31/19

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](http://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](http://sdms.org/privacy)

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

SDMS Membership Department • PO Box 200971, Dallas, TX 75320-0971 • 800.229.9506 • +1 214.473.8057 • +1 214.473.8563 Fax

