



# Corporate/Business/Institution Membership Application

Please type or print.

## OFFICE USE ONLY

Member #: \_\_\_\_\_

Payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Batch #: \_\_\_\_\_

Item #: \_\_\_\_\_

## Corporate/Business/Institution (CBI) Membership

SDMS CBI membership is available to commercial firms or businesses involved in the manufacture and sale of ultrasound equipment and/or accessories, pharmaceuticals, formal publications related to sonography or an institution involved in education and training related to sonography.

SDMS CBI membership links you to the largest sonography organization currently representing more than 27,500 sonographers in all sonography specialty areas around the world. Membership gives you access to information, professional education, government affairs advocacy, and access to your target audience in the sonography community.

## CBI Member Benefits:

- Access to all SDMS member benefits including the Member's Only area of the SDMS website
- Additional 30% discount on member pricing for all SDMS Mailing List purchases
- Priority notification of SDMS Annual Conference Exhibition and Sponsorship opportunities
- A \$100 discount on each 10' x 10' SDMS Annual Conference exhibit booth purchase
- FREE logo and link to company's website on SDMS website. *Includes company logo if submitted*
- FREE subscription to the *Journal of Diagnostic Medical Sonography*, *SDMS Sound News* and *SDMS News Wave*
- Access to SDMS CME credit opportunities for contact listed below. *Requires birthdate, and ARDMS and/or CCI number(s)*

**Please Note:** The person named as a 'Contact' will be the person to receive all communications, both written and electronic, from the SDMS. If the 'Contact' should change, please email the SDMS Membership Department at [membership@sdms.org](mailto:membership@sdms.org) or call 800-229-9506 to update your information.

Corporate/Business/Institution \_\_\_\_\_

Contact Mr./Ms./Dr. \_\_\_\_\_  
Last First MI Credentials \_\_\_\_\_

Birthdate \_\_\_\_\_ ARDMS # \_\_\_\_\_ CCI # \_\_\_\_\_  
(MM/DD/YY)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
(If not US)

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

## Corporate/Business/Institution Membership Dues: \$495 per year

Please indicate payment: (U.S. dollars drawn on U.S. bank)

☐ Check/Money Order **OR** ☐ Charge\* to my: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

To expedite your membership application, use your credit card and join online now at [www.sdms.org/membership/join.asp](http://www.sdms.org/membership/join.asp)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_  
(as it appears on card)

Cardholder's Billing Address \_\_\_\_\_  
(as it appears on statement) (Please include address, city, state/province/country, and zip+4/postal code)

**By signing this application I affirm that the information contained in this application is true and accurate. I further understand that the falsification of this information is in violation of the Code of Ethics for the Profession of Diagnostic Medical Sonography and will result in the rejection of this membership application.**

\* I hereby authorize the SDMS to charge my credit/debit card for the amount listed. I understand that SDMS membership dues can not be transferred and are non-refundable except in the event of overpayment. A member can choose to have an overpayment applied to future membership renewals or toward the purchase of SDMS products.

Signature \_\_\_\_\_

NOTE:  
This form  
valid through  
12/31/14

Please return completed application with appropriate dues payment to:  
SDMS Membership Department ■ PO Box 200971, Dallas, TX 75320-0971 ■ (800) 229-9506 ■ (214) 473-8563 Fax

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