

Saskatchewan Association of Diagnostic Medical Sonographers

Membership Application (please print clearly)

Last Name First Name (given)

Address City Prov Postal Code

Phone (H) Phone (W) Fax (W) E-Mail

Place of Employment:

Certification: CRGS CRCS CRVS RDMS RDCS RVT

Other (specify)

CARDUP #: _____ 1st Year Registered _____

ARDMS #: _____ 1st Year Registered _____

A CURRENT COPY OF ARDMS AND/OR CARDUP REGISTRATION MUST BE PROVIDED

Please indicate type(s) of Ultrasound examinations you perform:

- | | |
|---|--|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Peripheral Vascular Doppler |
| <input type="checkbox"/> Adult Echocardiography | <input type="checkbox"/> Ped Echocardiography |
| <input type="checkbox"/> Neonatal Neurosonography | <input type="checkbox"/> MSK |
| <input type="checkbox"/> Other (specify): | |

What is your previous education, training and/or certification (eg RTR)? _____

Please complete and mail with cheque or money order made payable to SADMS:

**SADMS Registrar
Box 21
Grandora, SK S0K 1V0**

Please check off one:

- | | |
|-------------------------------------|---------|
| <input type="checkbox"/> Active | \$25.00 |
| <input type="checkbox"/> Student | \$15.00 |
| <input type="checkbox"/> Delinquent | \$50.00 |

Total Enclosed _____

Date: Signature:

Note: Yearly Fee – Payable on or before June 15th, 2012.