

**Membership RENEWAL** (please print clearly)

**\*\*\*\*\* DUES NOTICE \*\*\*\*\***

\_\_\_\_\_  
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 #: \_\_\_\_\_ 1<sup>st</sup> Year Registered \_\_\_\_\_

ARDMS #: \_\_\_\_\_ 1<sup>st</sup> 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"/> Neonatal Neurosonography |
| <input type="checkbox"/> Ob/Gyn                 | <input type="checkbox"/> Peripheral Vascular Doppler | <input type="checkbox"/> MSK                      |
| <input type="checkbox"/> Adult Echocardiography | <input type="checkbox"/> Ped Echocardiography        |   |
| <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 OR pay via Paypal online at <http://my.sadms.com/>:**

**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 |
| <input type="checkbox"/> Reinstatement Fee                 | \$20.00 |
| <input type="checkbox"/> I wish to resign in good standing |         |
| <input type="checkbox"/> Reason: (Optional) _____          |         |

Total Enclosed \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Yearly Fee – Payable on or before June 15<sup>th</sup>, 2012.**