



Saskatchewan Association of Diagnostic Medical Sonographers
MEMBERSHIP RENEWAL AND NEW MEMBER APPLICATION

Contact Information

 LAST NAME FIRST NAME

 ADDRESS CITY PROV POSTAL CODE

 HOME PHONE WORK PHONE FAX EMAIL

 PLACE OF EMPLOYMENT

CERTIFICATION:
 CRGS _____ CRCS _____ CRVS _____ OTHER _____

SONOGRAPHY CANADA # _____

Membership Fees

- _____ New Member \$50.00
- _____ Active Member – Annual Renewal \$50.00
- _____ Student Member FREE
- _____ Honorary Member FREE
- _____ Public Representative FREE
- _____ I wish to resign in good standing for the following reason: (i.e. Retirement) _____

- _____ Yes, I want to continue receiving email communication from SADMS
- _____ No, I do not want to receive email communication from SADMS

- ❖ NEW MEMBERS MUST PROVIDE PROOF OF CURRENT ACTIVE MEMBERSHIP WITH SONOGRAPHY CANADA TO THE REGISTRAR
- ❖ PLEASE MAKE CHEQUES PAYABLE TO SADMS AND MAIL TO THE REGISTRAR AT THE ADDRESS FOUND ON OUR WEBSITE OR BY USING PAYPAL THROUGH OUR WEBSITE
- ❖ ANNUAL RENEWAL NOTICES WILL BE EMAILED TO SADMS MEMBERS
- ❖ PLEASE ENSURE ALL PERSONAL INFORMATION IS UP TO DATE IN ORDER TO KEEP YOU INFORMED OF SADMS COMMUNICATIONS INCLUDING RENWAL NOTICES, UPCOMING EVENT AND PERTINENT ASSOCIATION INFORMATION

I agree to abide by the SADMS and Sonography Canada Code of Ethics _____ I Accept
 _____ I Do Not Accept

Signature _____ Date _____

*Agreement to comply with ethical guidelines of Sonography Canada
 (for further information regarding the guidelines please visit www.sonographycanada.ca)
 *Failure to accept these terms may result in denial of membership. Agreement to comply with the above Code of Ethics will be in effect until written notice is received by the SADMS Executive indicating non-acceptance.