

## SUSME Membership Registration

The current membership period ends December 31st.  
Please select your membership level below:

- Active Member | \$200 USD *Medical Educator*
- Associate Member | \$200 USD *Others with a strong interest in ultrasound education*
- Student Member | \$0 USD *Individual currently enrolled in a healthcare education program*

## Contact Information

Salutation (circle one) Mr. Ms. Mrs. Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_ Institution \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Credentials \_\_\_\_\_

## Method of Payment

Make all methods payable to **SUSME**. If you wish to charge your fees, enter your account number and sign below.

Check one:  Check  MasterCard  American Express  VISA  Discover

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_ CV Code \_\_\_\_\_

Amount \$ \_\_\_\_\_ USD *The charge on your credit card will be from SUSME.*

Cardholder Signature required: \_\_\_\_\_

Please fax completed form with method of payment to 803-781-8888 or mail to:

**SUSME**  
PO Box 212334  
Columbia, SC 29221-2334  
(803) 781-8888 fax

Please email inquiries to: [membership@susme.org](mailto:membership@susme.org)

PLEASE DO NOT scan and email this form with credit card information. IT IS NOT SECURE.