

SUSME Membership Registration

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

- Active Member | \$225 USD For physicians (MD and DO)
- Associate Member | \$175 USD All others (non-physician healthcare providers, educators, sonographers, researchers, etc.)
- 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

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