Society for Imaging Informatics in Medicine
Corporate Membership Application

Corporate Information:

Company Name: _____

Address:_____

City:_____

State:_____

Zip: _____

Country:_____

Website:_____

Primary Contact:

The Primary Contact is responsible for membership payments and managing the sponsored members. To receive SIIM membership benefits, they must also be a sponsored member (listed on the next page).

Salutation:　　☐ Dr.　　☐ Mr.　　☐ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____　　☐ Male　☐ Female

Title: _____

Department: _____

Phone: _____

Email: _____

☐ Address same as Corporation; Or

Address:_____

City/State/Zip:_____

Country:_____

SIIM Membership Category
(Indicate selection below)

☐ **Corporate Membership-Level 1**

$3,997.00 USD annually

Includes 10 sponsored individual memberships.

☐ **Corporate Membership – Level 2**

$5079.00 USD annually

Includes 20 sponsored individual memberships.

* Additional sponsored individual memberships can be added to Corporate Membership at the cost of $170/person annually.

Submission & Payment Information

You can pay for your SIIM membership with check or credit card.

To pay with check, please mail your completed application form with payment to:

SIIM Membership
19440 Golf Vista Plaza, Suite 330
Leesburg, VA 20176-8264

To pay with credit card, please send your completed application to SIIM by email or fax:
　　　Email:　info@siimweb.org
　　　Fax:　　703-723-0415

We will prepare a membership invoice and email it to the Primary Contact with instructions and a link to pay by credit card online.

Sponsored Member Listing

Please enter your sponsored member information on the following pages. Alternatively, you can send a list of names and emails for the sponsored members and they will be emailed a link to complete their own member profile.

Society for Imaging Informatics in Medicine
Corporate Membership Application

Sponsored Member #1

Salutation: ☐ Dr. ☐ Mr. ☐ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____ ☐ Male ☐ Female

Title: _____

Department: _____

Organization: _____

☐ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: ☐ Work ☐ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

☐ Physician
☐ Imaging Informatics Director
☐ PACS/RIS Administrator
☐ Enterprise Imaging Manager/Architect
☐ IT Manager/Director
☐ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
☐ Clinical Applications Professional
☐ Healthcare Administrator/Director
☐ Scientist/Researcher/ Physicist
☐ Student
☐ Developer/Engineer
☐ Educator
☐ Vendor/Consultant
☐ Association Professional

Specialty
(select one category – best match)

☐ Radiology
☐ Cardiology
☐ Dentistry
☐ Enterprise IT
☐ Information Systems
☐ Nuclear Medicine
☐ Oncology
☐ Pathology
☐ Veterinary Medicine
☐ Other_____

Sponsored Member #2

Salutation: ☐ Dr. ☐ Mr. ☐ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____ ☐ Male ☐ Female

Title: _____

Department: _____

Organization: _____

☐ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: ☐ Work ☐ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

☐ Physician
☐ Imaging Informatics Director
☐ PACS/RIS Administrator
☐ Enterprise Imaging Manager/Architect
☐ IT Manager/Director
☐ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
☐ Clinical Applications Professional
☐ Healthcare Administrator/Director
☐ Scientist/Researcher/ Physicist
☐ Student
☐ Developer/Engineer
☐ Educator
☐ Vendor/Consultant
☐ Association Professional

Specialty
(select one category – best match)

☐ Radiology
☐ Cardiology
☐ Dentistry
☐ Enterprise IT
☐ Information Systems
☐ Nuclear Medicine
☐ Oncology
☐ Pathology
☐ Veterinary Medicine
☐ Other _____

Society for Imaging Informatics in Medicine
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Sponsored Member #3

Salutation: □ Dr. □ Mr. □ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ □ Male □ Female

Title: _____

Department: _____

Organization: _____

□ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
□ Clinical Applications Professional
□ Healthcare Administrator/Director
□ Scientist/Researcher/Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other_____

Sponsored Member #4

Salutation: □ Dr. □ Mr. □ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ □ Male □ Female

Title: _____

Department: _____

Organization: _____

□ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
□ Clinical Applications Professional
□ Healthcare Administrator/Director
□ Scientist/Researcher/Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other _____

Society for Imaging Informatics in Medicine
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Sponsored Member #5

Salutation: □ Dr.   □ Mr.   □ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____   □ Male   □ Female

Title: _____

Department: _____

Organization: _____

□   Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work   □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging
   Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
□ Clinical Applications
   Professional
□ Healthcare
   Administrator/Director
□ Scientist/Researcher/
   Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other_____

Sponsored Member #6

Salutation: □ Dr.   □ Mr.   □ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____   □ Male   □ Female

Title: _____

Department: _____

Organization: _____

□   Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work   □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging
   Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
□ Clinical Applications
   Professional
□ Healthcare
   Administrator/Director
□ Scientist/Researcher/
   Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other _____

Society for Imaging Informatics in Medicine
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Sponsored Member #7

Salutation: ☐ Dr. ☐ Mr. ☐ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____ ☐ Male ☐ Female

Title: _____

Department: _____

Organization: _____

☐ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: ☐ Work ☐ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

☐ Physician
☐ Imaging Informatics Director
☐ PACS/RIS Administrator
☐ Enterprise Imaging
   Manager/Architect
☐ IT Manager/Director
☐ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
☐ Clinical Applications
   Professional
☐ Healthcare
   Administrator/Director
☐ Scientist/Researcher/
   Physicist
☐ Student
☐ Developer/Engineer
☐ Educator
☐ Vendor/Consultant
☐ Association Professional

Specialty
(select one category – best match)

☐ Radiology
☐ Cardiology
☐ Dentistry
☐ Enterprise IT
☐ Information Systems
☐ Nuclear Medicine
☐ Oncology
☐ Pathology
☐ Veterinary Medicine
☐ Other_____

Sponsored Member #8

Salutation: ☐ Dr. ☐ Mr. ☐ Ms.

First Name: _____

Middle Name:_____

Last Name: _____

Degree: _____ ☐ Male ☐ Female

Title: _____

Department: _____

Organization: _____

☐ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: ☐ Work ☐ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

☐ Physician
☐ Imaging Informatics Director
☐ PACS/RIS Administrator
☐ Enterprise Imaging
   Manager/Architect
☐ IT Manager/Director
☐ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
☐ Clinical Applications
   Professional
☐ Healthcare
   Administrator/Director
☐ Scientist/Researcher/
   Physicist
☐ Student
☐ Developer/Engineer
☐ Educator
☐ Vendor/Consultant
☐ Association Professional

Specialty
(select one category – best match)

☐ Radiology
☐ Cardiology
☐ Dentistry
☐ Enterprise IT
☐ Information Systems
☐ Nuclear Medicine
☐ Oncology
☐ Pathology
☐ Veterinary Medicine
☐ Other _____

Society for Imaging Informatics in Medicine
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Sponsored Member #9

Salutation: □ Dr. □ Mr. □ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ □ Male □ Female

Title: _____

Department: _____

Organization: _____

□ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging
   Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
□ Clinical Applications
   Professional
□ Healthcare
   Administrator/Director
□ Scientist/Researcher/
   Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other_____

Sponsored Member #10

Salutation: □ Dr. □ Mr. □ Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ □ Male □ Female

Title: _____

Department: _____

Organization: _____

□ Address same as Corporation; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: □ Work □ Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

□ Physician
□ Imaging Informatics Director
□ PACS/RIS Administrator
□ Enterprise Imaging
   Manager/Architect
□ IT Manager/Director
□ C-Level Administrator (CEO,
   CFO, CIO, CMO, CMIO)
□ Clinical Applications
   Professional
□ Healthcare
   Administrator/Director
□ Scientist/Researcher/
   Physicist
□ Student
□ Developer/Engineer
□ Educator
□ Vendor/Consultant
□ Association Professional

Specialty
(select one category – best match)

□ Radiology
□ Cardiology
□ Dentistry
□ Enterprise IT
□ Information Systems
□ Nuclear Medicine
□ Oncology
□ Pathology
□ Veterinary Medicine
□ Other _____