Society for Imaging Informatics in Medicine
Corporate Startup 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 (Start-Up) $1,500.00 USD annually**

   Includes 10 sponsored individual memberships.

☐ **Additional block of 10 sponsored members $1,000.00 USD annually**

   Includes 10 additional 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@siim.org

We will prepare a membership invoice and email it to your 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 Startup 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)	**Specialty** (select one category – best match)
☐ Physician	☐ Radiology
☐ Imaging Informatics Director	☐ Cardiology
☐ PACS/RIS Administrator	☐ Dentistry
☐ Enterprise Imaging Manager/Architect	☐ Enterprise IT
☐ IT Manager/Director	☐ Information Systems
☐ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)	☐ Nuclear Medicine
☐ Clinical Applications Professional	☐ Oncology
☐ Healthcare Administrator/Director	☐ Pathology
☐ Scientist/Researcher/ Physicist	☐ Veterinary Medicine
☐ Student	☐ Other _____
☐ Developer/Engineer	
☐ Educator	
☐ Vendor/Consultant	
☐ Association Professional	

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)	**Specialty** (select one category – best match)
☐ Physician	☐ Radiology
☐ Imaging Informatics Director	☐ Cardiology
☐ PACS/RIS Administrator	☐ Dentistry
☐ Enterprise Imaging Manager/Architect	☐ Enterprise IT
☐ IT Manager/Director	☐ Information Systems
☐ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)	☐ Nuclear Medicine
☐ Clinical Applications Professional	☐ Oncology
☐ Healthcare Administrator/Director	☐ Pathology
☐ Scientist/Researcher/ Physicist	☐ Veterinary Medicine
☐ Student	☐ Other _____
☐ Developer/Engineer	
☐ Educator	
☐ Vendor/Consultant	
☐ Association Professional	

Society for Imaging Informatics in Medicine
Corporate Startup Membership Application

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
Corporate Startup Membership Application

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
Corporate Startup Membership Application

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
Corporate Startup Membership Application

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 _____