Institution Information:	SIIM Membership Category (Indicate selection below)
Institution Name:	□ Level 1 Institutional Membership \$923.00 annually
Address:	Includes 4 sponsored individual memberships.
City:	 Level 2 Institutional Membership \$1,509.00 annually Includes 8 sponsored individual memberships.
	 Level 3 Institutional Membership \$2,156.00 annually Includes 12 sponsored individual memberships.
State:	 Level 4 Institutional Membership \$2,936.00 annually Includes 16 sponsored individual memberships.
Country:	* Additional sponsored individual memberships can be added to Institutional Membership at the cost of \$200/person annually.
Website:	Institution Profile
website	Occupational Setting (select one category – best match):
<u>Primary Contact:</u> The Primary Contact is responsible for membership payments and managing the sponsored members. To receive SIIM	 Community Hospital Government (non-hospital) Military/VA/Govt Hospital University/College (non-hospital)
membership benefits, they must also be a sponsored member	□ University Hospital
(listed on the next page). Salutation: \Box Dr. \Box Mr. \Box Ms.	□ Imaging Center/Office/Clinic □ Other
	Submission & Payment Information
First Name:	
Middle Name:	You can pay for your SIIM membership with check or credit card.
Last Name:	To pay with check, please mail your completed application form with payment to:
Degree: 🗆 Male 🗆 Female	SIIM Membership
Title:	19440 Golf Vista Plaza, Suite 330 Leesburg, VA 20176-8264
Department:	To pay with credit card, please send your completed application to SIIM by email or fax: Email: info@siim.org
Phone:	
Email:	We will prepare a membership invoice and email it to you with instructions on how to pay by credit card online.
□ Address same as Institution; Or	Sponsored Member Listing
Address:	Please enter your sponsored member information on the
City/State/Zip:	following pages, filling in the appropriate number for your Institutional Membership Category. Alternatively, you can send a list of names and emails for the sponsored members and
Country:	they will be emailed a link to complete their own member profile.

Sponsored Member #2

Sponsored Member #1

Sii

Salutation:	□ Ms.	Salutation:	□ Ms.
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Degree:	Male Female	Degree:	□ Male □ Female
Title:		Title:	
Department:		Department:	
□ Address same as Institution;	Or	□ Address same as Institution;	Or
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Country:		Country:	
Above Address is: Work Home		Above Address is:] Work 🛛 Home
Phone:		Phone:	
Email:		Email:	
Occupation (select one category – best match)	Specialty (select one category – best match)	Occupation (select one category – best match)	Specialty (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 	 Radiology Cardiology Dentistry Enterprise IT Information Systems Nuclear Medicine Oncology Pathology Veterinary Medicine Other	 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 	 Radiology Cardiology Dentistry Enterprise IT Information Systems Nuclear Medicine Oncology Pathology Veterinary Medicine Other
□ Association Professional		□ Association Professional	

Sponsored Member #4

Sponsored Member #3

Sii

Salutation:	□ Ms.	Salutation:	□ Ms.	
First Name:		First Name:		
Middle Name:		Middle Name:		
Last Name:		Last Name:		
Degree:	□ Male □ Female	Degree:	□ Male □ Female	
Title:		Title:		
Department:		Department:		
□ Address same as Institution;	Or	□ Address same as Institution;	Or	
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Country:		Country:		
	Work 🛛 Home	Above Address is:		
Phone:		Phone:		
Email:		Email:		
Occupation (select one category – best match)	Specialty (select one category – best match)	Occupation (select one category – best match)	Specialty (select one category – best match)	
□ Physician	□ Radiology	□ Physician	□ Radiology	
 Imaging Informatics Director PACS/RIS Administrator 	□ Cardiology	 Imaging Informatics Director PACS/RIS Administrator 	Cardiology	
Enterprise Imaging	Dentistry Enterprise IT	Enterprise Imaging	 Dentistry Enterprise IT 	
Manager/Architect	□ Information Systems	Manager/Architect	□ Information Systems	
□ IT Manager/Director □ C-Level Administrator (CEO,	□ Nuclear Medicine	□ IT Manager/Director □ C-Level Administrator (CEO,	Nuclear Medicine	
CFO, CIO, CMO, CMIO)	 Oncology Pathology 	CFO, CIO, CMO, CMIO)	Oncology Pathology	
Clinical Applications Professional	□ Veterinary Medicine	Clinical Applications Professional	Veterinary Medicine	
Healthcare	□ Other	□ Healthcare	□ Other	
Administrator/Director		Administrator/Director		
Physicist □ Student		Physicist		
□ Developer/Engineer		Developer/Engineer		
□ Educator		Educator		
Vendor/Consultant Association Professional		 Vendor/Consultant Association Professional 		

<u>Sponsored Member #5</u>		Sponsored Member #6		
(Institutional Level 2 and 3 Only)		(Institutional Level 2 and 3 Only)		
Salutation:	□ Ms.	Salutation:	□ Ms.	
First Name:		First Name:		
Middle Name:		Middle Name:		
Last Name:		Last Name:		
Degree:	□ Male □ Female	Degree:	□ Male □ Female	
Title:		Title:		
Department:		Department:		
□ Address same as Institution; (Dr	□ Address same as Institution;	Or	
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Country:		Country:		
Above Address is:	Work 🗆 Home	Above Address is:		
Phone:		Phone:		
En alla		Ence its		
Email:		Email:		
Occupation (select one category – best match)	Specialty (select one category – best match)	Occupation (select one category – best match)	Specialty (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 	 Radiology Cardiology Dentistry Enterprise IT Information Systems Nuclear Medicine Oncology Pathology Veterinary Medicine Other	 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 	 Radiology Cardiology Dentistry Enterprise IT Information Systems Nuclear Medicine Oncology Pathology Veterinary Medicine Other	

<u>Sponsored Member #7</u> (Institutional Level 2 and 3 (Only)	<u>Sponsored Member #8</u> (Institutional Level 2	and 3 Only)	
Salutation: Dr. Mr. Ms. First Name:		Salutation: Dr. Mr. First Name:		
Middle Name:		Middle Name:		
Last Name:		Last Name:		
Degree: 🗆 Male	□ Female	Degree:	□ Male □ Female	
Title:		Title:		
Department:		Department:		
□ Address same as Institution; Or		□ Address same as Institution;	Or	
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Country:		Country:		
Above Address is: Work	□ Home	Above Address is: Work Home		
Phone:		Phone:		
Email:		Email:		
Occupation (select one category – best match)Specialty (select one category – best match)	7 itegory – best match)	Occupation (select one category – best match)	Specialty (select one category – best match)	
□ IT Manager/Director □ Nuclear □ C-Level Administrator (CEO, CFO, CIO, CMO, CMIO) □ Patholo	ogy cy ise IT ation Systems Medicine gy gy ary Medicine	 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 	 Radiology Cardiology Dentistry Enterprise IT Information Systems Nuclear Medicine Oncology Pathology Veterinary Medicine Other	

Sp	onsc	ored	Me	mbe	r #9		
		-	-		_	_	

(Institutional Level 3 Only)

Sponsored Member #10 (Institutional Level 3 Only)

Salutation: □ Dr. □ Mr.	□ Ms.	Salutation: □ Dr. □ Mr.	□ Ms.
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Degree:	□ Male □ Female	Degree:	□ Male □ Female
Title:		Title:	
Department:		Department:	
□ Address same as Institution;	Or	□ Address same as Institution;	Or
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Country:		Country:	
Above Address is:	Work 🗆 Home	Above Address is:	Work 🗆 Home
Phone:		Phone:	
Empile		Empile	
Email:		Email:	
Occupation (select one category – best match)	Specialty (select one category – best match)	Occupation (select one category – best match)	Specialty (select one category – best match)
Physician	□ Radiology	🗆 Physician	Radiology
 Imaging Informatics Director PACS/RIS Administrator 	□ Cardiology	 Imaging Informatics Director PACS/RIS Administrator 	□ Cardiology
Enterprise Imaging	 Dentistry Enterprise IT 	Enterprise Imaging	 Dentistry Enterprise IT
Manager/Architect	□ Information Systems	Manager/Architect	□ Information Systems
□ IT Manager/Director □ C-Level Administrator (CEO,	□ Nuclear Medicine	□ IT Manager/Director □ C-Level Administrator (CEO,	Nuclear Medicine
CFO, CIO, CMO, CMIO)	□ Oncology □ Pathology	CFO, CIO, CMO, CMIO)	 Oncology Pathology
Clinical Applications Professional	 Veterinary Medicine Other 	Clinical Applications Professional	 Veterinary Medicine Other
Healthcare Administrator/Director		□ Healthcare Administrator/Director	
Scientist/Researcher/ Physicist		Scientist/Researcher/ Physicist	
□ Student		□ Student	
Developer/Engineer		Developer/Engineer Educator	
 Educator Vendor/Consultant 		Educator Vendor/Consultant	
□ Association Professional		□ Association Professional	

<u>Sponsored Member #11</u> (Institutional Level 3 Only)

Sponsored Member #12 (Institutional Level 3 Only)

Salutation:	□ Ms.	Salutation:	□ Ms.
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Degree:	Male Female	Degree:	□ Male □ Female
Title:		Title:	
Department:		Department:	
□ Address same as Institution;	Or	□ Address same as Institution;	Or
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Country:		Country:	
Above Address is:	l Work 🛛 Home	Above Address is:] Work 🛛 Home
Phone:		Phone:	
Email:		Email:	
Occupation (select one category – best match)	Specialty (select one category – best match)	Occupation (select one category – best match)	Specialty (select one category – best match)
Physician	Radiology	🗆 Physician	Radiology
Imaging Informatics Director	Cardiology	□ Imaging Informatics Director	Cardiology
PACS/RIS Administrator	Dentistry	PACS/RIS Administrator	Dentistry
Enterprise Imaging Manager/Architect	Enterprise IT	Enterprise Imaging Manager/Architect	Enterprise IT
□ IT Manager/Director	 Information Systems Nuclear Medicine 	□ IT Manager/Director	 Information Systems Nuclear Medicine
□ C-Level Administrator (CEO,		□ C-Level Administrator (CEO,	
CFO, CIO, CMO, CMIO)	□ Pathology	CFO, CIO, CMO, CMIO)	□ Pathology
Clinical Applications Professional	Veterinary Medicine Other	Clinical Applications Professional	□ Veterinary Medicine □ Other
Healthcare Administrator/Director		Healthcare Administrator/Director	
□ Scientist/Researcher/		□ Scientist/Researcher/	
Physicist		Physicist	
□ Student		□ Student	
Developer/Engineer Educator		Developer/Engineer Educator	
Educator Vendor/Consultant		Educator Vendor/Consultant	
□ Association Professional		□ Association Professional	