



Society for Imaging Informatics in Medicine

Institutional Membership Application

Institution Information:

Institution 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 Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

SIIM Membership Category (Indicate selection below)

- Level 1 Institutional Membership**
\$923.00 annually
Includes 4 sponsored individual memberships.
- 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.
- Level 4 Institutional Membership**
\$2,936.00 annually
Includes 16 sponsored individual memberships.

* Additional sponsored individual memberships can be added to Institutional Membership at the cost of \$200/person annually.

Institution Profile

Occupational Setting (select one category – best match):

- Community Hospital
- Government (non-hospital)
- Military/VA/Govt Hospital
- University/College (non-hospital)
- University Hospital
- Imaging Center/Office/Clinic
- Other _____

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 you with instructions on how to pay by credit card online.

Sponsored Member Listing

Please enter your sponsored member information on the 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 they will be emailed a link to complete their own member profile.



Society for Imaging Informatics in Medicine

Institutional Membership Application

Sponsored Member #1

Sponsored Member #2

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; 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 _____

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
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- Oncology
- Pathology
- Veterinary Medicine
- Other _____



Society for Imaging Informatics in Medicine

Institutional Membership Application

Sponsored Member #3

Sponsored Member #4

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; 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
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- Information Systems
- Nuclear Medicine
- Oncology
- Pathology
- Veterinary Medicine
- Other _____

Occupation
(select one category – best match)

- Physician
- Imaging Informatics Director
- PACS/RIS Administrator
- Enterprise Imaging Manager/Architect
- IT Manager/Director
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- Healthcare Administrator/Director
- Scientist/Researcher/Physicist
- Student
- Developer/Engineer
- Educator
- Vendor/Consultant
- Association Professional

Specialty
(select one category – best match)

- Radiology
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- Veterinary Medicine
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Society for Imaging Informatics in Medicine

Institutional Membership Application

Sponsored Member #5 (Institutional Level 2 and 3 Only)

Sponsored Member #6 (Institutional Level 2 and 3 Only)

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

- Physician
- Imaging Informatics Director
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- Student
- Developer/Engineer
- Educator
- Vendor/Consultant
- Association Professional

Specialty
(select one category – best match)

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Occupation
(select one category – best match)

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- Student
- Developer/Engineer
- Educator
- Vendor/Consultant
- Association Professional

Specialty
(select one category – best match)

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- Oncology
- Pathology
- Veterinary Medicine
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Society for Imaging Informatics in Medicine

Institutional Membership Application

Sponsored Member #7 (Institutional Level 2 and 3 Only)

Sponsored Member #8 (Institutional Level 2 and 3 Only)

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; 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)

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Occupation
(select one category – best match)

- Physician
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- Association Professional

Specialty
(select one category – best match)

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- Other _____



Society for Imaging Informatics in Medicine

Institutional Membership Application

Sponsored Member #9 (Institutional Level 3 Only)

Sponsored Member #10 (Institutional Level 3 Only)

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

- Physician
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- Student
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- Educator
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- Association Professional

Specialty
(select one category – best match)

- Radiology
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- Oncology
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- Veterinary Medicine
- Other _____

Occupation
(select one category – best match)

- Physician
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- Student
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Specialty
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Institutional Membership Application

Sponsored Member #11 (Institutional Level 3 Only)

Sponsored Member #12 (Institutional Level 3 Only)

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Salutation: Dr. Mr. Ms.

First Name: _____

Middle Name: _____

Last Name: _____

Degree: _____ Male Female

Title: _____

Department: _____

Address same as Institution; Or

Address: _____

City/State/Zip: _____

Country: _____

Above Address is: Work Home

Phone: _____

Email: _____

Occupation
(select one category – best match)

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Occupation
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- Educator
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- Association Professional

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