



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

\$4,117.00 USD annually

Includes 10 sponsored individual memberships.

Corporate Membership – Level 2

\$5,231.00 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 at:

Email: info@siim.org

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

Corporate Membership Application

Sponsored Member #3

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: _____

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 _____

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
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- Nuclear Medicine
- Oncology
- Pathology
- Veterinary Medicine
- Other _____



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Corporate Membership Application

Sponsored Member #5

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: _____

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

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Veterinary Medicine

Other _____

Occupation
(select one category – best match)

Physician

Imaging Informatics Director

PACS/RIS Administrator

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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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Pathology

Veterinary Medicine

Other _____



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Corporate Membership Application

Sponsored Member #7

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: _____

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 _____

Occupation
(select one category – best match)

- Physician
- Imaging Informatics Director
- PACS/RIS Administrator
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- IT Manager/Director
- C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
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- Healthcare Administrator/Director
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- Student
- Developer/Engineer
- Educator
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Specialty
(select one category – best match)

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- Nuclear Medicine
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- Pathology
- Veterinary Medicine
- Other _____



Society for Imaging Informatics in Medicine

Corporate Membership Application

Sponsored Member #9

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: _____

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
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- IT Manager/Director
- C-Level Administrator (CEO, CFO, CIO, CMO, CMIO)
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- Student
- Developer/Engineer
- Educator
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- Association Professional

Specialty
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- Pathology
- Veterinary Medicine
- Other _____

Occupation
(select one category – best match)

- Physician
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- IT Manager/Director
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- Clinical Applications Professional
- Healthcare Administrator/Director
- Scientist/Researcher/Physicist
- Student
- Developer/Engineer
- Educator
- Vendor/Consultant
- Association Professional

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