



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**

\$2,680.00 USD annually

Includes 5 sponsored individual memberships.

☐ **Corporate Membership – Level 2**

\$4,389.00 USD annually

Includes 10 sponsored individual memberships.

☐ **Corporate Membership – Level 3**

\$5,549.00 USD annually

Includes 20 sponsored individual memberships.

☐ **Corporate Membership-Start-up**

\$1,000 USD annually

Includes 5 sponsored individual memberships.

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



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)	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 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)	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 _____

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)	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 _____



Society for Imaging Informatics in Medicine Corporate 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)	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 _____

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)	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 _____



Society for Imaging Informatics in Medicine Corporate 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)	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 _____

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)	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 _____



Society for Imaging Informatics in Medicine Corporate 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)	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 _____

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)	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 _____