

# Example Proof of Payment



✓ Society of Diagnostic Medical Sonography  
PO Box 200971, Dallas, TX 75320-0971  
Tel: +1 214-473-8057 Fax: +1 214-473-8563  
<http://www.sdms.org>

## Receipt

✓ Customer #: 0000487151

✓ Invoice #: 1351452

✓ Invoice Date: 12/26/2025

Name [Redacted], BS,RDMS  
Address [Redacted]  
City, State, Zip [Redacted]

The SDMS does not accept Purchase Orders for membership products.

Description	Quantity	Price	Discount	Amount
✓ Standard Membership - One Year	1	\$175.00	\$15.00	\$160.00

Last Payment On This Invoice: Paid by American Express on 12/26/2025 ✓

*TERMS: Payment by check authorizes the SDMS to process funds by electronic funds transfer (ACH). Membership dues to the SDMS are not tax deductible as a charitable contribution. For information on partially deducting membership dues as a business expense or deducting a donation to the SDMS Foundation as a charitable contribution, please visit [www.sdms.org/taxes](http://www.sdms.org/taxes).*

Invoice Total	\$160.00
Taxes	\$0.00
Amount Paid	\$160.00 ✓
Credit Applied	\$0.00
<b>PLEASE PAY</b>	<b>\$0.00</b>

PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Invoice#: 1351452 ✓  
Customer #: 0000487151 ✓

[Redacted], Name  
BS,RDMS  
[Redacted] Address  
[Redacted] City, State, Zip

Select Payment Method	
<input type="checkbox"/> Check Enclosed	Check number _____
Card # _____	
CVV Code _____	Exp Date ____/____
Card Holder's Name _____	
Card Holder's Signature _____	

Remit Payment To:

Society of Diagnostic Medical Sonography  
PO Box 200971  
Dallas, TX 75320-0971

Total Due:           \$0.00  
SDMS Foundation Donation: \_\_\_\_\_  
Amt Paid: \_\_\_\_\_

Home (/) / Order Receipt

# Example Proof of Payment

## Order Confirmation

Thank you for shopping with the **SDMS!**

Transaction Date: 1/8/2026 ✓

Confirmation Number: 83382752034010751 ✓

### Order Summary

Item	Quantity	Price	Subtotal								
Standard Membership - One Year	1	\$175.00	\$175.00								
<table border="1"> <thead> <tr> <th>Item</th> <th>Quantity</th> <th>Price</th> <th>SubTotal</th> </tr> </thead> <tbody> <tr> <td>Standard Membership - One Year</td> <td>1</td> <td>\$175.00</td> <td>\$175.00</td> </tr> </tbody> </table>				Item	Quantity	Price	SubTotal	Standard Membership - One Year	1	\$175.00	\$175.00
Item	Quantity	Price	SubTotal								
Standard Membership - One Year	1	\$175.00	\$175.00								
			<b>Subtotal</b> \$175.00								
			<b>Discount</b> \$0.00								
All orders shipped to a Texas address will be charged sales tax.			<b>Taxes</b> \$0.00								
			<b>Total</b> \$175.00								

Payment Method ✓	Amount
Credit Card: 44*****[REDACTED]	(\$175.00) ✓

### Address Information ✓

Bill To:

[REDACTED] Name  
 [REDACTED] Address  
 [REDACTED] City, State, Zip

Membership dues to the SDMS are not tax deductible as a charitable contribution. For information on partially deducting membership dues as a business expense, go to [www.sdms.org/taxes \(/taxes\)](http://www.sdms.org/taxes (/taxes)).



*For information on deducting SDMS Foundation gifts as charitable donations, go to [www.sdms.org/taxes \(/taxes\)](http://www.sdms.org/taxes (/taxes)).*

*SDMS Refund Policy: [Click here to view refund policy \(/refund-policy\)](#).*

# Receipt

Order Number: ORD-2318229- [REDACTED] ✓  
 Order Date: ✓ 09/01/2025  
 Page: 1 of 1

[REDACTED] Name  
 [REDACTED] Address  
 [REDACTED] City, State, Zip

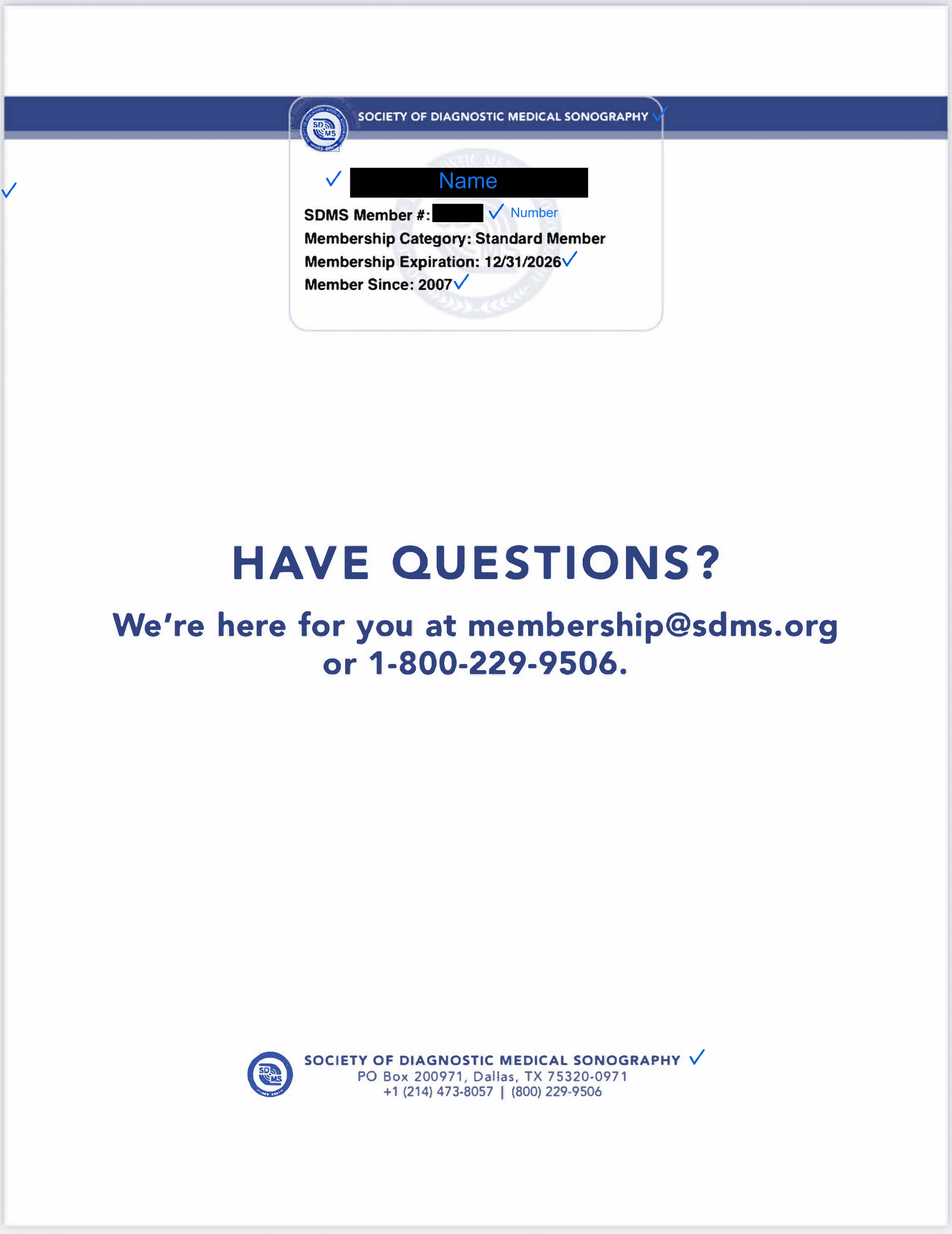
✓ Home Phone: [REDACTED]  
 Work Phone:  
 ✓ Email: [REDACTED]  
 ✓ ID Number: [REDACTED]

Quantity	Item Description	Unit Price	Extended Amount
1	2026 Annual Renewal Fee ✓	\$105.00	\$105.00
		Subtotal	\$105.00
		Sales Tax	0.00
		<b>Grand Total</b>	<b>\$105.00</b>
		Payment/Credits Total	(105.00)
		<b>Amount Due</b>	<b>\$0.00</b>

Payment Date	Payment Type	Amount	Last Four
10/06/2025 ✓	MasterCard ✓	✓ \$105.00	✓ [REDACTED]

## Example Proof of Payment

Example Proof of Completion



# HAVE QUESTIONS?

We're here for you at [membership@sdms.org](mailto:membership@sdms.org)  
or 1-800-229-9506.



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY  
PO Box 200971, Dallas, TX 75320-0971  
+1 (214) 473-8057 | (800) 229-9506

sdms.org





# Example Proof of Completion

✓ November 19, 2025

██████████ Name  
██████████ Address  
██████████ City, State, Zip

This letter will serve as verification that the above-named individual is certified with the ARDMS, and his or her registration status is ACTIVE through December 31, 2026. ✓

Name: ██████████ ✓

ARDMS #: ██████ ✓

<u>Credential/Certification</u>	<u>Awarded</u>	<u>Specialty Areas</u>
✓ RDCS	11/13/2002	Adult Echocardiography (AE) (11/13/2002) Pediatric Echocardiography (PE) (7/12/2023)
✓ RVT	11/09/2000	Vascular Technology (VT) (11/9/2000)

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