MSDU
MIDWEST SOCIETY OF DIAGNOSTIC ULTRASOUND

MEMBER INFORMATION CHANGE FORM

Please complete current information (shaded area) below regardless of other changes.

TYPE OR PRINT

CURRENT INFORMATION	FORMER INFORMATION (if different than current)
NAME: _____ (LAST, FIRST, MIDDLE INITIAL)	**NAME:** _____ (LAST, FIRST, MIDDLE INITIAL)
ADDRESS: _____ (STREET, APT. #)	**ADDRESS:** _____ (STREET, APT. #)
_____ (CITY/STATE/ZIP)	_____ (CITY/STATE/ZIP)
EMAIL: _____	**EMAIL:** _____
PHONE: (____) _____ (HOME)	**PHONE:** (____) _____ (HOME)
(____) _____ (WORK)	(____) _____ (WORK)

OTHER CHANGES

(Please complete all areas of change)

EMPLOYER/INSTITUTION:

_____
(NAME/DEPARTMENT)

ADDRESS: _____
(STREET/FLOOR)

_____
(CITY/STATE/ZIP)

SPECIALTIES: (please check all that apply)
❒ Adult Echo ❒ Abdomen ❒ Ob/Gyn ❒ Breast
❒ Pediatric Echo ❒ Vascular ❒ Other (specify) _____

REGISTRATION CERTIFICATION:
❒ RDMS ❒ RDCS ❒ CNMT
❒ LPN ❒ RN ❒ RT Other (specify) _____
❒ MD ❒ RVT ❒ CPT

PRIMARY EMPLOYMENT:
❒ Hospital ❒ Clinic ❒ Mobile Service
❒ Education ❒ Private Office Other (specify) _____

POSITION/TITLE:
❒ Staff Sonographer ❒ Prog. Director
❒ Chief Sonographer ❒ Administration Other (specify) _____