

# APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining the South Dakota State Medical Association. Please complete the entire application for consideration as a member in this Association. To apply online, visit [sdsma.org/membership](http://sdsma.org/membership). Residents and medical students must complete a separate application. To inquire about Life or Affiliate membership, contact the SDSMA office.

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male  Designation: MD  DO

Office/Clinic Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Office/Clinic Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office/Clinic Phone: \_\_\_\_\_ County of Home Address: \_\_\_\_\_

Office/Clinic Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office/Clinic Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Home Email: \_\_\_\_\_

Preferred Mailing Address: Office  Home  Preferred Email Address: Office  Home

Employment Begin Date: \_\_\_\_\_ (Month/Day/Year)

## EDUCATION AND EMPLOYMENT

	School Name & Location	Specialty	Date Started	Date Completed
Medical School				
Internship/Residency				
Postgraduate Training				
Fellowship				

Professional Status: Employed  Independent Practice  Other

Form of Practice (mark all that apply): Direct Patient Care  Research  Teaching  Administration

## LICENSURE

South Dakota License Number: \_\_\_\_\_ License Issue Date: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Secondary Specialty(ies): \_\_\_\_\_

National Provider Identifier (NPI) Number \_\_\_\_\_ Board Certified: Yes  No

*Please complete additional information and sign the next page.*

## MEMBERSHIP INFORMATION

Membership dues are paid annually based on a calendar year. If you are applying after July 1 of the current year, contact the SDSMA office prior to submitting your payment.

SDSMA Dues – Active Members \$ 490

- Active members are licensed and currently practicing physicians.

District Dues \$ \_\_\_\_\_

- Membership in the SDSMA includes automatic membership in a District Medical Society (DMS).
  - DMS membership is determined geographically, generally by where the physician lives.
  - A map of DMS territories and dues amounts are listed on the attached page.

Total Dues \$ \_\_\_\_\_

*Tax Deduction Information: Dues used for lobbying activities are not deductible. As a result, 24% of SDSMA dues cannot be deducted as a business expense for federal income tax purposes. This information concerning the percentage of dues which are or may be deductible is provided for informational purposes only. The dues which may or may not be deductible by a member depends on the member's individual circumstances, including whether the member's employer provides an allowance for the payment of dues.*

## METHOD OF PAYMENT

<input type="checkbox"/>	Enclosed is my check made payable to SDSMA.	Credit Card Number: _____
<input type="checkbox"/>	Please bill my credit card:	Expiration Date: _____
VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>
Security (V) Code: _____		Cardholder Name: _____
Signature: _____		

## AFFIRMATION AND SIGNATURE

By the applicant's signature below, the applicant authorizes the agency or instrumentality of any state with licensure authority over physicians to verify the applicant's licensure (past or present) and standing with the licensing entity. For applicants for Associate membership, the applicant authorizes the applicant's residency program or school of medicine to verify the applicant's enrollment. All applicants, as applicable, authorize their District Medical Society to verify their standing and status of their dues.

The applicant hereby verifies and confirms that the information provided above (and, as applicable, attached hereto) is true, accurate and complete, and that the applicant qualifies for the class of membership for which the applicant has applied.

I hereby make application for membership in your Association and, if accepted as a member, I agree to support its Bylaws, and to conduct myself professionally according to the Principles of Medical Ethics of the South Dakota State Medical Association, located at [sdsma.org](http://sdsma.org) under About SDSMA.

- **Applicable first year dues, paid in full, must be submitted with this application.**
- **A recent professional photo or headshot should accompany the application and be emailed to [membership@sdsma.org](mailto:membership@sdsma.org).**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Signature

## RETURN INFORMATION

Return this completed application, the appropriate membership dues, and a professional photo to:  
South Dakota State Medical Association \* 2600 W 49<sup>th</sup> Street, Ste 200 \* Sioux Falls, SD 57105  
605.336.1965 \* Fax: 605.274.3274 \* [membership@sdsma.org](mailto:membership@sdsma.org) \* [sdsma.org](http://sdsma.org)

## SDSMA MEMBERSHIP CATEGORIES

### Active Membership

To qualify as an “Active” member, the applicant (1) must be licensed to practice medicine or osteopathy in the State of South Dakota; (2) must be in good professional standing; (3) may not practice or claim to practice any system or means of healing which is not generally accepted in the medical community; and (4) must be a member in good standing in their District Medical Society (DMS). Active members are voting members of SDSMA. Active members need not be residents of South Dakota. Acceptance as a member of SDSMA and payment of the required dues has the effect of making the applicant a member of the applicant’s DMS.

### Associate Membership

To qualify as an “Associate” member, the applicant must be enrolled in an approved residency program in the United States or enrolled in an approved Liaison Committee on Medical Education School of Medicine located in South Dakota. Associate members are voting members of SDSMA. An application for Associate membership must be submitted on behalf of an Associate member by a residency program in South Dakota or the Sanford School of Medicine, or be accompanied by proof of enrollment in a residency program or school of medicine as stated above. Associate members are required to complete a separate application which is available online at [sdsma.org/membership](https://sdsma.org/membership). Dues for Associate members enrolled in a residency program in South Dakota or the Sanford School of Medicine are paid by sponsors.

### Life Membership

To qualify as a “Life” member, the applicant: (1) must have been a member of SDSMA for a continuous term of ten years or more; (2) may not be actively engaged in the practice of medicine; (3) must be a Life member of a DMS; and (4) must be elected as a Life member by the Policy Council. Life members are voting members of SDSMA. Life members are not required to pay dues.

### Affiliate Membership

To qualify as an “Affiliate” member, the applicant must be admitted by vote of the Policy Council for cause, including formerly practicing or living in South Dakota. Affiliate members are non-voting members of SDSMA. Affiliate members are required to complete an application accompanied by a written statement of the reasons the applicant should be admitted, pay dues, and be admitted by vote of the Policy Council.

## DISTRICT MEMBERSHIP

Membership in the South Dakota State Medical Association (SDSMA) includes automatic membership in one of twelve District Medical Societies (DMS). DMS membership is determined geographically, generally by where the physician lives, and dues amounts vary. The DMS provides additional services for members. A map is provided on the following page to assist you in determining the DMS to which you will belong.

## AMA MEMBERSHIP

SDSMA wants to encourage you to also be a member of the American Medical Association (AMA) to support South Dakota’s presence on the national stage as well as expand your professional base. SDSMA receives a commission from the AMA if members join through the state instead of the AMA directly. *Support SDSMA by joining the AMA through SDSMA – an application will be included in your New Member Welcome Packet, may be obtained online at [sdsma.org/membership](https://sdsma.org/membership) or by contacting the SDSMA office*

- **To inquire about membership or to obtain an application, contact the SDSMA office at 605.336.1965, by email at [membership@sdsma.org](mailto:membership@sdsma.org) or visit our website at [sdsma.org](https://sdsma.org).**

## DISTRICT TERRITORIES AND DUES

District membership is determined geographically by where a physician lives. Locate your district number on the map below based on your home address. Insert the amount from the dues chart on the Application for Membership to compute your total dues amount.

District 1: \$65	District 4: \$50	District 7: \$85	District 10: \$0
District 2: \$125	District 5: \$0	District 8: \$25	District 11: \$0
District 3: \$75	District 6: \$100	District 9: \$75	District 12: \$0

### SOUTH DAKOTA STATE MEDICAL ASSOCIATION

