



Application for Center Membership

American Academy of Sleep Medicine

Membership is on a calendar-year basis (January 1, 2012-December 31, 2012). All members receive an online subscription to the journals SLEEP and Journal of Clinical Sleep Medicine (JCSM).

General Information

Date: _____ Accreditation Date: _____

Sleep Program Name: _____

Host Institute Name: _____

Addresses and Directory Information

Centers that join after February 29, 2012, will not receive or be included in the printed 2012-2013 Membership Directory. Directories will be mailed in June of each year.

Send me a printed copy of future membership directories: Yes No



Three-For-Free

Join October 2011-December 2011 to receive the remainder of the 2011 membership year for free!

Location Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail:* _____

Website: _____

**E-mail addresses will be used to provide members with information about AASM and industry news and events. The AASM does NOT rent e-mail addresses to third-party organizations.*

Mailing Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Contact Information

Medical Director: _____ Primary Contact: _____

Method of Payment (Please check one)

Purchase Orders are not accepted as payment of membership dues.

\$1100** check payable to the AASM (U.S. funds drawn on a U.S. bank)

Payment by credit card

Visa MasterCard American Express

The Revenue Act of 1987 requires the following statement to be published: "Membership dues are not deductible as charitable contributions." However, dues may be deductible as a business expense. The Revenue Reconciliation Act of 1993 requires that the AASM disclose the percentage of your dues that relate to non-deductible lobbying expenses. The AASM estimates that in 2012, 1% of your dues will represent such non-deductible lobbying expenses. You will need to reduce any claimed deduction for AASM dues by this amount.

Total: \$ _____ \$1100** Card Number: _____ Exp. Date: ____/____/____

Validation Code:*** _____ Cardholder Name: _____

Billing Address: _____

Signature: _____

**The above amount is valid if you join from October 1, 2011 to May 31, 2012. If you are applying for membership outside of these dates please visit the AASM website at www.aasmnet.org for the most current membership information dues or to apply online.

***For a VISA or MasterCard, the validation code is the last 3 number in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.