



2012 Application for Membership

American Academy of Sleep Medicine

Biographical Data

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Degree(s): _____ Date of Birth: ____/____/____ Gender: Male Female

Addresses and Directory Information (Please provide both addresses and check preferred mailing address)

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

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

Professional Address (Listed in the online Membership Directory and annual printed Membership Directory; if no professional address is provided, only your name will be listed in the directory)

Business Name: _____

Address: _____

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

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

Home Address

Address: _____

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

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail:* _____

*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.

Licensing (Required if applicable; this section must be completed if applying for Regular Membership)

State: _____ Expiration Year: _____ Type: _____ License Number: _____

Board Certification (Required if applicable; check all that apply; this section must be completed if applying for Regular Membership)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Psychology | <input type="checkbox"/> Pulmonary Diseases |
| <input type="checkbox"/> Sleep Medicine | <input type="checkbox"/> Other _____ | | | |

Are you certified by the American Board of Medical Specialties in sleep medicine? Yes or No

Are you currently a member of the American Medical Association Yes or No If yes, number: _____

Membership Sections

A free benefit of AASM membership, sections provide members from various specialties opportunities to share interests, methodologies and research regarding sleep disorders and treatments.

Primary Section: _____ (Write-in your selection from list below. Your primary section is the one section in which you can participate in elections and may hold leadership positions.)

Additional Section Memberships (select all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Childhood Sleep Disorders & Development | <input type="checkbox"/> Circadian Rhythms | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Movement Disorders |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Parasomnias | <input type="checkbox"/> Sleep Deprivation | <input type="checkbox"/> Sleep Related Breathing Disorders |

Membership Classification (Please check the membership category for which you are applying)

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

Regular Membership: Individuals possess an MD, DO, PhD, DDS or other doctoral degree in the healthcare field and are active in sleep disorders medicine *(Please enclose a copy of your diploma and/or medical license)*.

Membership Dues: \$200**

Affiliate Membership: Individuals with special training in the healthcare field such as technologists, nurses and sleep center managers who are active in the clinical and/or research aspects of sleep medicine.

Membership Dues: \$200**

Individuals residing internationally who seek dues assistance should refer to the AASM website for more information about how to apply as a Corresponding Member.

Student Membership: Individuals in formal training who, upon completion, will be eligible for Regular Membership, including medical students, residents and fellows. Individuals who have been awarded a terminal degree and are returning for additional education unrelated to Sleep Medicine or Sleep Research are not eligible for this membership category. Students in the field of sleep technology are not eligible for this membership category; sleep technology students must apply as Affiliate Members. *(Please enclose a letter from your program director verifying your student status)*.

Membership Dues: \$40

Affiliate Industry Membership: Individuals employed in the manufacture or sale of pharmaceuticals or equipment who seek to improve their understanding of sleep medicine.

Membership Dues: \$400**



Three-For-Free.
Join October 2011–December 2011
to receive the remainder of the 2011
membership year for free!

***The above prices are 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 dues information or to apply online.*

Payment

1. _____ 2012 Membership Dues (from above)

2. _____ **Membership Frames and Lapel Pins**—Take pride in your AASM membership by wearing this AASM membership logo lapel pin or displaying your membership certificate in a cherrywood or black hardwood frame.

AASM Lapel Pin:	\$10
Cherrywood Frame:	\$33
Black Hardwood Frame:	\$28

3. _____ **American Sleep Medicine Foundation (ASMF) Contribution**—The ASMF promotes high-quality education and research within the sleep medicine field by supporting young and established investigators through grant opportunities. These grants, which are critical to the advancement of the field and in educating the public about sleep, are possible because of member support.

Suggested Contribution: \$100

_____ **Total Fees Paid (Add items 1-3)**

MEMBER REFERRAL (Optional): _____

please write in name and member number (if known) of the individual who referred you to the AASM

Method of Payment

(Please check one) Purchase Orders are not accepted as payment of membership dues.

Check payable to the AASM (U.S. funds drawn on a U.S. bank)

Payment by credit card

Visa MasterCard American Express

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

Validation Code:*** _____ Cardholder Name: _____

Billing Address: _____

Signature: _____

***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.

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.