



AMERICAN ACADEMY OF SLEEP MEDICINE

2017 Application for Individual Membership

Membership is on a calendar-year basis (January 1, 2017 - December 31, 2017).

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 www.aasmnet.org

Biographical Information

Name: (Last)	(First)	(Middle)	Suffix:
Degree(s):		Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Medical School:		Graduation Year:	NPI #:

Are you a member of the American Medical Association? Yes or No

Board Certification (Required if applicable; check all that apply; must be completed if applying for regular membership)

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

Please select your primary board certification:

<input type="radio"/> Anesthesiology	<input type="radio"/> Family Medicine	<input type="radio"/> Internal Medicine	<input type="radio"/> Otolaryngology	<input type="radio"/> Pediatrics	<input type="radio"/> Psychiatry & Neurology
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Specialty (Check all that apply)

<input type="radio"/> Anesthesiology	<input type="radio"/> Critical Care	<input type="radio"/> Family Medicine	<input type="radio"/> Internal Medicine
<input type="radio"/> Neurology	<input type="radio"/> Otolaryngology	<input type="radio"/> Pediatrics	<input type="radio"/> Psychiatry
<input type="radio"/> Psychology	<input type="radio"/> Pulmonary Medicine	<input type="radio"/> Sleep Medicine	<input type="radio"/> Other

Licensing (Required if applicable; must be completed if applying for regular membership)

State:	Expiration Year:	Type:	License Number:
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Address and Directory Information Members who join after February 29, 2017, will not be included in the online 2017-2018 Membership Directory. Directories will be made available in June of each year. (Please provide both addresses and check preferred mailing address)

Professional Address (Listed in the online 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:	Email:	

Home Address:

City:	State:	Postal Code:	Country:
Home Phone:	Mobile:	Fax:	
Email:			

Member Referral (Optional)

Please tell us who referred you to the American Academy of Sleep Medicine	Name: (Last)	(First)
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Section 1: Membership Classification and Dues (Please check the membership category for which you are applying)

Membership is on a calendar-year basis (January 1, 2017 - December 31, 2017).
All membership categories receive online access to the journal *SLEEP* and *Journal of Clinical Sleep Medicine (JCSM)*.

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| <input type="radio"/> REGULAR MEMBERSHIP: \$250*
Individuals possess a MD, DO, PhD, DDS or other doctoral degree in the healthcare field and are active in sleep medicine (Please enclose a copy of your diploma and/or medical license). | <i>Individuals residing internationally who seek dues assistance should refer to the AASM website for more information about how to apply as a Corresponding Member.</i> |
| <input type="radio"/> AFFILIATE MEMBERSHIP: \$250*
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. | |
| <input type="radio"/> AFFILIATE INDUSTRY MEMBERSHIP: \$500*
Individuals employed in the manufacturing or sale of pharmaceuticals or equipment who seek to improve their understanding of sleep medicine. | |
| <input type="radio"/> STUDENT MEMBERSHIP: \$50*
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.
(A letter from your program director verifying your student status must be submitted with your application to be eligible for this membership type.) | |

*The above prices are valid if you join from October 1, 2016 to May 31, 2017. If you are applying for membership outside of these dates, please visit the AASM website at aasmnet.org for the most current membership dues information or to apply online.

Section 1 Subtotal \$

Section 2: Resources (check all that apply)

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| International Classification of Sleep Disorders – Third Edition (ICSD-3) Print Version: Updated in 2014, the third revision to the ICSD features significant content changes, including new nomenclature, classifications and diagnoses. The book also features accurate diagnostic codes for the corresponding ICD-9 and ICD-10 diagnoses at the beginning of each diagnosis section of the ICSD-3. This is an essential reference for all clinicians with sleep disorders patients.
(*Includes shipping) | <input type="radio"/> \$ 70 |
| Scoring Manual Online Access: Stay up-to-date with year-round access to the AASM's revised Scoring Manual. | <input type="radio"/> \$ 20 |
| AASM Scoring Manual Subscription & Print Bundle:
*Includes shipping. (Jan. 1 – Dec. 31 access) | <input type="radio"/> \$ 40 |
| 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) | <input type="radio"/> \$ |
| Support the AASM Political Action Committee (PAC): AASM PAC provides a voice on federal and state issues of concern to sleep medicine professionals and patients with sleep disorders. The AASM PAC may only accept personal checks or credit card contributions from AASM members who are U.S. residents. Corporate or non-resident contributions will be donated to the ASMF.
(Suggested Contribution: \$100) | <input type="radio"/> \$ |

Section 2 Subtotal: \$
(add all lines in resources section)

Section 1 Subtotal: \$

Total \$

Method of Payment (Please check one box below. Purchase orders are not accepted as payment of membership dues.)

<input type="radio"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)		Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express	
Total: \$	Card Number:	Exp. Date:	
Validation Code*:	Billing Address:		
Cardholders Name:		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 nondeductible lobbying expenses. The AASM estimates that in 2017, 2% of your dues will represent such nondeductible lobbying expenses. You will need to reduce any claimed deduction for AASM dues by this amount.