

Biographical Data

First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____
Degree(s): _____ Date of Birth: ____/____/____
Gender: Male Female
Medical School: _____
Year of Graduation: _____ NPI #: _____

Mailing Address *(Listed in the online Membership Directory)*

Address: _____
City: _____ State: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Membership Classification

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

AASM Membership

Complimentary AASM membership is granted to current students in an undergrad program or sleep medicine fellowship program. Sleep technology students or those returning to school for additional education unrelated to Sleep Medicine or Sleep Research are not eligible for either membership type. A letter from your program director/registrar verifying your student status must be submitted with your application to be eligible for this membership type.

Please select the membership type you are applying for:

- In-Training Member:** In-Training members are individuals in an undergraduate program.
- Sleep Medicine Trainee Member** Sleep Medicine Trainee members are those who are currently enrolled in a sleep medicine fellowship program.

Membership Dues: \$50 fee – Waived.

Please complete this form above and return via email to membership@aasm.org or mail to 2510 N. Frontage Rd. Darien, IL 60561, attn: Membership.

SMIG Member Signature: _____ Date _____

SMIG President or Secretary Treasurer Signature: _____ Date _____

Faculty Advisor _____ Date _____

Faculty Advisor Signature: _____ Date _____