

2019 Application for Prorated Individual Membership

Membership is on a calendar-year basis
 (January 1, 2019 - December 31, 2019).

Personal Information (Required)

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

Contact Information (Please provide both addresses and check preferred mailing address & email.)

Professional Address:			
Business Name:			
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email:	
Home Address:			
City:	State:	Postal Code:	Country:
Home Phone:	Mobile:	Fax:	
Email: (Email is your username on aasm.org)			
Preferred Mailing Address: <input type="radio"/> Professional Address or <input type="radio"/> Home Address			

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? <input type="radio"/> Yes or <input type="radio"/> 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
<input type="radio"/> Obstetrics & Gynecology	<input type="radio"/> Surgery				

I am a... (Check one)

<input type="radio"/> Physician	<input type="radio"/> Respiratory Therapist	<input type="radio"/> Nurse/ Nurse Practitioner	<input type="radio"/> Sleep Center Manager
<input type="radio"/> Industry	<input type="radio"/> Professional Counselor	<input type="radio"/> Physician Assistant	<input type="radio"/> Student
<input type="radio"/> Psychologist	<input type="radio"/> Researcher	<input type="radio"/> Sleep Technologist	<input type="radio"/> Other

Primary reason for joining the AASM

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Section 1: Membership Category and Requirements (Please check the membership category for which you are applying)

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<input type="radio"/> REGULAR MEMBERSHIP: \$250* \$175 Individuals who hold an M.D., D.O., Ph.D., D.D.S., or other healthcare doctoral degree and are active in sleep disorders medicine. Discounted membership pricing available to physicians 35 or younger - \$125	<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"/> SLEEP TEAM MEMBERSHIP: \$200 \$150 Individuals who have special training in the healthcare field such as Nurse Practitioners, Physician Assistants, Nurses, Sleep Technologists, Respiratory Therapists, Office/Center Managers, Medical Assistants, or other professionals as approved by the Board. Discounted membership pricing available to staff who are employed by an AASM Facility Member - \$50	
<input type="radio"/> SLEEP MEDICINE TRAINEE MEMBERSHIP: \$50 \$35 Individuals currently enrolled in an ACGME-accredited or similar sleep medicine training program as approved by the Board of Directors. Must hold an M.D., D.O., Ph.D., or other healthcare doctoral degree. (A letter from your program director verifying your fellowship status must be submitted within 2 weeks of your application)	
<input type="radio"/> IN-TRAINING MEMBERSHIP: \$50 \$35 Individuals in formal training, such as medical school, residency, a master's degree program, a non-sleep medicine fellowship program, a Ph.D. program, or similar program as approved by the Board of Directors. (A letter from your program director verifying your student status must be submitted within 2 weeks of your application)	
<input type="radio"/> AFFILIATE MEMBERSHIP: \$250 \$175 Individuals, who are not eligible for other membership categories, are eligible for Affiliate Membership if they are active in clinical and/or research aspects of sleep medicine.	
<input type="radio"/> RETIRED MEMBERSHIP: \$400 \$75 Individuals must be 65 or older, working zero hours per week in the field of sleep medicine.	
*The above prices are valid if you join from June 1, 2019 to September 30, 2019. If you are applying for membership outside of these dates, please visit the AASM website at aasm.org for the most current membership dues information or to apply online.	
Section 1 Subtotal	\$

Section 2: Resources & Donations (check all that apply)

International Classification of Sleep Disorders – Third Edition (ICSD-3) Print Version: Updated in 2014, the third revision to the ICSD-3 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.	<input type="radio"/> \$ 65* + shipping
AASM Foundation Contribution: The AASM Foundation 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"/> \$
AASM Scoring Manual Print Copy:	<input type="radio"/> \$30* + shipping
Section 1 Subtotal:	\$
Section 2 Subtotal: (add all lines in Resources & Donations section)	\$
Flat Shipping Rate: (If applicable)	<input type="radio"/> \$13 *Books will be mailed to address on file within the continental U.S.
Total	\$

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

Save time! Enroll in the automatic renewal program using the credit card below. (See terms and conditions below) <input type="radio"/> Yes			
<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 <input type="radio"/> Discover	
Total: \$	Card Number:	Exp. Date:	
Validation Code*:	Billing Address:		
Cardholders Name:	Signature:	Date:	
*For a VISA, MasterCard or Discover, 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 2019, 2% of your dues will represent such nondeductible lobbying expenses. You will need to reduce any claimed deduction for AASM dues by this amount.			
Terms and Conditions for Automatic Renewal By opting in for automatic renewal of your American Academy of Sleep Medicine (AASM) membership, you agree to our Terms and Conditions for Automatic Renewal , and authorize AASM to automatically debit your bank account/debit card or charge your credit card on an annual basis, unless you cancel your subscription. Terms and Conditions for Automatic Renewal: Enrollees will receive an annual reminder notice for the next membership year during the first week of November. AASM will charge the full amount of the annual membership dues on December 31 for that year's membership dues to the payment method provided. Individuals transitioning into a new membership category, will be notified of the change and charged for that category's established dues rate. Automatic renewal enrollees have until the second Friday of December of the current year to cancel automatic AASM membership renewal for the upcoming year by contacting us in writing at one of the methods provided above, after which time, individuals are eligible for a full refund of their AASM membership dues until February 28 of the current year.			