

# 2019 Application for Prorated Facility Membership

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

## General Information

Medical Director:	Accreditation Number:
Sleep Program Name:	Host Institute Name:
Primary Contact:	Primary Email:

## Contact Information

Location Address			
Address:		City:	
State:	Postal Code:	Country:	Phone:
Fax:	Email:	Website:	
Mailing Address			
City:	State:	Postal Code:	Country:

## Primary reason for joining the AASM

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## Membership Dues & Additional Resources (check all that apply)

<b>Facility Membership Dues</b>	<del>-\$1,400</del> \$550
<b>Accreditation Reference Manual (2016 Standards) eBook</b> - This easy-to-use guide provides concrete examples of policies, procedures, forms and documents that you will need for your manual. These samples are provided for you to customize according to the specific needs of your sleep facility. Also included are sections containing job descriptions for sleep facility technical staff, sample reports, and reference material. Customizable sample policies and forms are included as separate documents with this eBook purchase.	<input type="radio"/> \$125
<b>Online Scoring Manual Access</b> – Stay up-to-date with year-round access to the AASM's revised Scoring Manual. Member Facilities may provide unlimited access to all of their staff members. (Jan. 1 – Dec. 31 access)	<b>FREE</b> *New Member Benefit
<b>AASM Scoring Manual – Print:</b> (*Includes shipping)	<input type="radio"/> \$40
<b>Total</b>	<b>\$</b>

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

<b>Save time! Enroll in the automatic renewal program using the credit card below.</b> (See terms and conditions below) <input type="radio"/> <b>Yes</b>			
<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.			
<b>Terms and Conditions for Automatic Renewal</b> By opting in for automatic renewal of your American Academy of Sleep Medicine (AASM) membership, you agree to our <b>Terms and Conditions for Automatic Renewal</b> , 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. <b>Terms and Conditions for Automatic Renewal:</b> 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. <b>Automatic renewal enrollees have until the second Friday of December of the current year to cancel automatic AASM membership renewal for the upcoming year</b> 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.			