

Personal Information

Name: (First)	(Middle)	(Last)
Prefix: <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Mx. <input type="radio"/> Dr. <input type="radio"/> Prof	Credentials/Degree:	Birthdate: (MM/DD/YYYY):
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Not listed <input type="radio"/> Choose not to disclose		
Race/Ethnicity: <input type="radio"/> Asian (South/East/Southeast Asian) <input type="radio"/> Middle Eastern <input type="radio"/> Black/African American	<input type="radio"/> Native American/Alaskan <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> Hispanic/Latinx	<input type="radio"/> Choose not to disclose <input type="radio"/> Not Listed <input type="radio"/> White/Caucasian

Contact Information

Email: (Email is your username on aasm.org)	
Professional Address:	Alternate Address:
Institution:	Address (Line 1) :
Address (Line 1) :	Address (Line 2) :
Address (Line 2) :	Address (Line 3) :
City: State: Postal Code:	City: State: Postal Code:
Country: Professional Phone Number:	Country: Personal Phone Number:
Preferred Mailing Address: <input type="radio"/> Professional Address or <input type="radio"/> Alternate Address	

Education and Professional Information

I am a... (Check One)

- | | | | | | |
|---|--|---|---|--|---|
| <input type="radio"/> Physician | <input type="radio"/> Psychologist | <input type="radio"/> Respiratory Therapist | <input type="radio"/> Nurse/ Nurse Practitioner | <input type="radio"/> Sleep Technologist | <input type="radio"/> Student/Resident |
| <input type="radio"/> Industry | <input type="radio"/> Professional Counselor | <input type="radio"/> Researcher | <input type="radio"/> Physician Assistant | <input type="radio"/> Sleep Center Manager | <input type="radio"/> Undergraduate student |
| <input type="radio"/> Other (Please Specify): | | | | | <input type="radio"/> Pre-Med student |
| | | | | | <input type="radio"/> Clinical student |
| | | | | | <input type="radio"/> Pre-Clinical student |
| | | | | | <input type="radio"/> Resident |
| | | | | | <input type="radio"/> Other |

Primary board certification

- | | | | |
|---------------------------------------|--|--|---|
| <input type="radio"/> Anesthesiology | <input type="radio"/> Internal Medicine | <input type="radio"/> Pediatrics | <input type="radio"/> Obstetrics & Gynecology |
| <input type="radio"/> Family Medicine | <input type="radio"/> Otolaryngology | <input type="radio"/> Psychiatry & Neurology | <input type="radio"/> Surgery |
| <input type="radio"/> I dont have one | <input type="radio"/> Other, please specify: | | |

Medical School:	Medical School graduation year:	NPI Number:
Did you complete an ACGME Sleep Fellowship? <input type="radio"/> Yes <input type="radio"/> No		

Current Practice Setting (Check One)

- | | | | | |
|--|---|--------------------------------|---|---|
| <input type="radio"/> Academic | <input type="radio"/> Employed Physician Practice | <input type="radio"/> Military | <input type="radio"/> Solo Practice (Owner) | <input type="radio"/> Group Practice (Equity Owner) |
| <input type="radio"/> Other (please specify): | | | | |
| Percentage of practice devoted to sleep: <input type="radio"/> 0-25% <input type="radio"/> 26-50% <input type="radio"/> 51-75% <input type="radio"/> 76-100% | | | | |

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

Membership is on a calendar-year basis (January 1, 2024 - December 31, 2024).

**2-year membership option
now available**

FULL MEMBERSHIP

For individuals who hold an MD, DO, PhD, DDS, DNP, or other healthcare doctoral degree and are active in sleep disorders medicine.

Select your career level below for applicable pricing.

- REGULAR: ~~\$300~~ (select on the right)**
 For individuals who hold an MD, DO, PhD, DDS, DNP, or other healthcare doctoral degree and are active in sleep disorders medicine.

 \$200/ONE YEAR
 \$380/TWO YEAR
- IN-FELLOWSHIP TRAINING: \$50** (18-month membership through December 31, 2025)
 For United States based physicians participating in an ACGME-accredited sleep medicine fellowship training program, or similar training program as approved by the Board of Directors. Program verification required.

 Expected graduation year:
 Two Year membership is not available for this category
- EARLY CAREER: ~~\$450~~ \$100**
 For Individuals less than three years removed from a fellowship training program. Verification required.

 Fellowship completion year:
 Two Year membership is not available for this category
- RETIRED: \$100 (select on the right)**
 For individuals 65 or older who are working zero hours per week in the field of sleep medicine. No voting privileges.

 \$100/ONE YEAR
 \$190/TWO YEAR
- TEAM MEMBERSHIP: ~~\$240~~ (select on the right)**
 Individuals include Nurse Practitioners, Physician Assistants, Nurses, Sleep Technologists, Respiratory Therapists, Office/Center Managers, Medical Assistants, or other professionals as approved by the Board of Directors.

 Institution Name:
 \$170/ONE YEAR
 \$325/TWO YEAR
- TEAM MEMBERSHIP FOR AASM ACCREDITED MEMBER CENTERS (select on the right)**
 Discounted membership pricing available to staff who are employed by an AASM Facility Member.

 \$70/ONE YEAR
 \$135/TWO YEAR
- STUDENT AND RESIDENT MEMBERSHIP: \$0**
 Individuals must be in formal training, such as medical school, residency, a post-doctoral program, a master's degree program, a non-sleep medicine fellowship program, a PhD program, or similar program as approved by the Board of Directors. Student and Resident members do not have voting privileges. Verification required.
- AFFILIATE MEMBERSHIP: ~~\$300~~ (select on the right)**
 Individuals who are not eligible for other membership categories and have a professional interest in sleep medicine. Affiliate members do not have voting privileges.

 \$200/ONE YEAR
 \$380/TWO YEARS

Individuals residing internationally should apply on the AASM website for International Membership.

*The above prices are valid if you join from June 1, 2024 - September 30, 2024. 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: Contibutions

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 Gift: \$100)

Section 1 Subtotal: \$ _____
Section 2 Subtotal: \$ _____
Total: \$ _____

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

Check payable to the AASM (U.S. funds drawn on a U.S. bank) Credit card: Visa MasterCard American Express Discover

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

Validation Code*: _____ Billing Address: _____

Cardholders Name: _____ Signature: _____ Date: _____

Save time! Enroll in the automatic renewal program using the credit card above. (See terms and conditions below) **Yes**

*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 2024, 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 15 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 first 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.