2026 Application for Individual Membership

Membership is on a calendar-year basis
(January 1, 2026 - December 31, 2026).

2510 North Frontage Road, Darien, IL 60561
P: 630-737-9710 · F: 630-737-9790
E: membership@aasm.org
aasm.org

Personal Information

Name: (First) (Middle) (Last)

Prefix: O Mr. O Ms. O Mrs. O Mx. O Dr. O Prof Credentials/Degree: Birthdate: (MM/DD/YYYY):

Gender: O Male O Female O Non-binary O Not listed O Choose not to disclose

Race/Ethnicity:
O Asian (South/East/Southeast Asian)
O Middle Eastern
O Black/African American
O Native American/Alaskan
O Hawaiian/Pacific Islander
O Hispanic/Latinx
O Choose not to disclose
O Not Listed
O White/Caucasian

Contact Information

Email:
(Email is your username on **aasm.org**)

Professional Address:

Institution:

Address (Line 1) :

Address (Line 2) :

City: State: Postal Code:

Country: Professional Phone Number:

Alternate Address:

Address (Line 1) :

Address (Line 2) :

Address (Line 3) :

City: State: Postal Code:

Country: Personal Phone Number:

Preferred Mailing Address: O Professional Address or O Alternate Address

Education and Professional Information

I am a... (Check One)

O Physician O Psychologist O Respiratory Therapist O Nurse/ Nurse Practitioner O Sleep Technologist
O Industry O Professional Counselor O Researcher O Physician Assistant O Sleep Center Manager

O Other (Please Specify):

Student/Resident
O Undergraduate Student
O Medical Student
O Resident
O PHD Student
O APP/Tech Program
O Other_____

Primary board certification

O Anesthesiology O Internal Medicine O Pediatrics O Obstetrics & Gynecology
O Family Medicine O Otolaryngology O Psychiatry & Neurology O Surgery
O I dont have one O Other, please specify:

Medical School: Medical School graduation year: NPI Number:

Did you complete an ACGME Sleep Fellowship? O Yes O No

Current Practice Setting (Check One)

O Academic O Employed Physician Practice O Military O Solo Practice (Owner) O Group Practice (Equity Owner)

O Other (please specify):

Percentage of practice devoted to sleep: O 0-25% O 26-50% O 51-75% O 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, 2026 - December 31, 2026).

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: $400 (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.
  ○ **$400/ONE YEAR** ○ **$760/TWO YEARS**

- ○ **IN FELLOWSHIP TRAINING: $50**
  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:

- ○ **EARLY CAREER: $200**
  For Individuals less than three years removed from a fellowship training program. Verification required.
  Fellowship completion year:

- ○ **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 YEARS**

- ○ **TEAM MEMBERSHIP: $250 (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:
  ○ **$250/ONE YEAR** ○ **$475/TWO YEARS**

  - ○ **TEAM MEMBERSHIP FOR AASM NETWORK MEMBERS**
    Discounted membership pricing available to staff who are employed by an AASM Network Member.
    ○ **$150/ONE YEAR** ○ **$285/TWO YEARS**

- ○ **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: $400 (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.
  ○ **$400/ONE YEAR** ○ **$760/TWO YEARS**

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

*The above prices are valid if you join from October 1, 2025 - May 31, 2026. 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 below. (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 2026, 1% 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.