

AASM[®] Circumstance Membership Application

This application is intended for those who wish to join AASM and are facing a unique or unavoidable hardship that makes it difficult to pay standard membership dues. Please complete this form to apply for membership dues assistance.

Personal Information

Full Name:		Credentials (if any):	
Phone Number:			
Email Address:			
Mailing Address:			
City:	State:	ZIP Code:	Country:

Professional Information

Current Employer/Institution:	
Years in Sleep Medicine:	Member Status: <input type="checkbox"/> New <input type="checkbox"/> Renewing/Reinstating

Hardship Statement

1. Please describe your current hardship situation

(Please provide a detailed description of the specific hardship you are facing, outlining any unique or unavoidable aspects, as well as the duration for which you have been experiencing this situation.)

2. How would AASM membership impact your professional growth?

(Please explain your primary motivation for becoming an AASM member and how membership will support your professional growth, access to resources, or contributions to the field.)

Applicant Attestation

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that all information will be kept confidential and used solely to evaluate my eligibility for a dues assistance.

Signature:	Date (MM/DD/YYYY):
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Submission Instructions

Send this form to **membership@aasm.org** with the subject: **“Circumstance Membership Application – [Your Full Name]”**

AASM staff may contact you if additional information is needed. Please note that approval is not guaranteed and may result in only a partial waiver of membership dues.