



# AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

## 2017 Application for Prorated Membership

2510 North Frontage Road, Darien, IL 60561  
 P: 630-737-9755 · F: 630-737-9790  
 E: aadsmembership@aadsm.org  
 www.aadsm.org

### Biographical Information

Name: (Last)	(First)	(Middle)	Suffix:
Degree(s):		Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female

**Address and Directory Information** Members who join after February 28, 2017 will not be included in the online 2017-2018 Membership Directory. Directories will be made available at [aadsm.org/Directory.aspx](http://aadsm.org/Directory.aspx) in June of each year. Please provide both addresses and check the preferred mailing address below.

<input type="radio"/> <b>Professional Address</b> (Listed in the online Membership Directory; if no professional address is provided, only your name will be listed in the directory)			
Business Name:		Address:	
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email:	
Website:			
<input type="radio"/> <b>Home Address</b>		Address:	
City:	State:	Postal Code:	Country:
Home Phone:	Mobile:	Email:	
Would you like to receive the AADSM's monthly NewsFlash email? <input type="radio"/> Yes <input type="radio"/> or <input type="radio"/> No			

**Licensing** (To be eligible for regular membership, complete the following section and submit a copy of a valid dental or medical license with this application.)

State:	Expiration Year:	Type:	License Number:
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**Type of Practice/Specialty** (Check all that apply)

<input type="radio"/> General Dentistry	<input type="radio"/> Orthodontics	<input type="radio"/> Periodontics	<input type="radio"/> Endodontics
<input type="radio"/> Pediatric Dentistry	<input type="radio"/> Prosthodontics	<input type="radio"/> Oral and Maxillofacial Surgery	

**Where did you hear about AADSM Membership** (Check all that apply)

<input type="radio"/> Referred by:	<input type="radio"/> Online Search	<input type="radio"/> Direct Mail	<input type="radio"/> Email message
<input type="radio"/> Magazine or journal ad	<input type="radio"/> Social Media	<input type="radio"/> Registering for an AADSM course	<input type="radio"/> Other:

**Section 1: Membership Classification and Dues** (Please check the membership category for which you are applying)

Membership is on a calendar-year basis (January 1, 2017 - December 31, 2017).

**REGULAR MEMBERSHIP: \$175\***

Open to individuals who hold one or more of the following degrees: DDS, DMD, MD, PhD, DO or other equivalent degrees, and are a licensed dentist or physician in their place of residence. Regular members have all rights and privileges of membership, including subscriptions to publications and informational mailings developed by the AADSM. Regular members have full voting rights.

(A copy of a valid dental/medical license must be submitted with your application to be eligible for this membership type.)

**STUDENT MEMBERSHIP: FREE\***

Open to students who are enrolled full time in formal training programs leading to one or more of the following dental or medical degrees: DDS, DMD, MD, PhD, DO, MS or other equivalent degrees, and who upon completion of the degree program plan to be licensed as a physician or dentist in their place of residence, active in Dental Sleep Medicine. Student members receive subscriptions to all publications and informational mailings developed by the AADSM. Student members do not have voting rights.

(Students must enclose a completed copy of the AADSM Student Membership application available at [aadsm.org/membershipcategories.aspx](http://aadsm.org/membershipcategories.aspx) to apply for this membership classification.)

\*The above amounts are valid from June 1, 2017 to September 30, 2017. If you are applying for membership outside of these dates, please visit the AADSM website at [aadsm.org/ApplyNow.aspx](http://aadsm.org/ApplyNow.aspx) for the most current dues information or to apply online.

**Section 1 Subtotal:** \$

**Section 2: Patient Education Brochures** (Check all that apply)

**Getting Help for Snoring and OSA – (pack of 100)**

Use this brochure to provide patients with an overview of the causes of snoring and OSA and three major approaches to treating them, including a custom made oral appliance from the dentist. A preview of the brochure is available at [aadsm.org/store](http://aadsm.org/store).

(\*Price includes domestic shipping and handling fees; any additional international shipping is based on cost.)

\$45\*

**Getting Started with Oral Appliance Therapy – (pack of 100)**

For patients that have already been diagnosed, this brochure will provide them with information on oral appliance therapy, including how oral appliances work, advantages to their use, how custom appliances are fabricated, and an explanation of ongoing care. A preview of the brochure is available at [aadsm.org/store](http://aadsm.org/store).

(\*Price includes domestic shipping and handling fees; any additional international shipping is based on cost.)

\$45\*

**Section 2 Subtotal:** \$

**Total** \$

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

Check payable to the AADSM (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:

Cardholder's Name: Signature:

\*For VISA, MasterCard or Discover the validation code is the last 3 numbers 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 AADSM disclose the percentage of your dues that relate to nondeductible lobbying expenses. The AADSM estimates that in 2017, none of your dues will represent such nondeductible lobbying expenses.