



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

2018-2019 Application for Membership

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 www.aadsm.org

Biographical Information

Name: (Last)	(First)	(M.I.)	Suffix:
Degree(s):		Date of Birth:	Gender: Male Female

Address and Directory Information Please provide both addresses and check the preferred mailing address below.

Professional Address (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:			

Home Address:

City:	State:	Postal Code:	Country:
Mobile:	Email:		

Would you like to receive the AADSM's monthly NewsFlash email? Yes or 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="checkbox"/> General Dentistry	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Oral and Maxillofacial Surgery	

How did you hear about AADSM membership?

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

Membership is on a calendar-year basis (October 1, 2018 - December 31, 2019).

REGULAR MEMBERSHIP: \$400*

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.)

REGULAR MEMBERSHIP – ACTIVE DUTY MILITARY: \$50

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 military ID card 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/membership.php to apply for this membership classification.)

*The above amounts are valid through September 30, 2018. If you are applying for membership after this date, please visit the AADSM web site at aadsm.org/join 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.

(*Price includes domestic shipping and handling fees; any additional international shipping is \$25.)

\$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.

(*Price includes domestic shipping and handling fees; any additional international shipping is \$25.)

\$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 a VISA, MasterCard and 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 2018, none of your dues will represent such nondeductible lobbying expenses.