

APPLICATION FOR DENTAL STUDENT MEMBERSHIP

You must also enclose a completed copy of the AADSM regular application to apply for this membership classification. Please visit the AADSM website www.aadsm.org to download the regular application. Students must re-apply on a yearly basis. Please print clearly or type information.

CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail:* _____

*E-mail addresses will be used to provide members with information about the AADSM and industry news and events. The AADSM does not rent e-mail addresses to third-party organizations.

CURRENT EDUCATIONAL PROGRAM/SCHOOL ADDRESS

Institution/School Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Start Date: ____/____/____ Projected End Date: ____/____/____

This program is a (please check one): Dental Program Medical Program Other _____

Specialty (please check one):

Endodontics General Dentistry Oral & Maxillofacial Surgery Orthodontics

Pediatric Dentistry Periodontology Prosthodontics

HIGHEST DEGREE OBTAINED TO DATE

BA/BS Advanced Degree: _____

School: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Graduation Date: ____/____/____ Additional Training: _____

PROGRAM ENROLLMENT VERIFICATION

IMPORTANT: This section **MUST** be completed before your application can be processed.

This is to verify that the above person is currently enrolled full-time in the above advanced educational program.

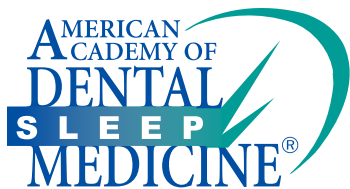
Signed: _____ Date ____/____/____
Program Director or Registrar

Name: _____ Title: _____

Phone: _____ E-mail: _____

DATE ____/____/____

APPLICANT SIGNATURE



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE
2012 Membership Application

Biographical Data

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
 Degree(s): _____ Date of Birth: ____/____/____ Gender: M F

Addresses and Directory Information (Please provide both addresses and check preferred mailing address)

Members who join after February 29, 2012, will not receive or be included in the printed 2012-2013 Membership Directory. Directories will be mailed in June of each year.

Send me a printed copy of future membership directories: Yes No

Professional Address – (Listed in the online Membership Directory and annual printed 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: _____ E-mail:* _____

Website: _____

Home Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail:* _____

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Please send me the monthly E-news update: Yes No

Licensing (Required if applicable)

State: _____ Expiration Year: _____ Type: _____ License Number: _____

State: _____ Expiration Year: _____ Type: _____ License Number: _____

Are you a member of the American Dental Association? Yes No

Type of Practice/Specialty (Please check one)

- | | | |
|--|---|--------------------------------------|
| <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? (Please check one)

- Browsing the AADSM website Announcement received via mail Colleague/Referral
 E-mail message Magazine or journal ad When registering for an AADSM course
 Facebook/Twitter/LinkedIn Other

Membership Classification (Please check the membership category for which you are applying)

Membership is on a **calendar-year basis** (January 1, 2012 - December 31, 2012).

- Regular Membership:** Individuals possess a DDS, DMD, MD, PhD, DO, BDS, or equivalent and have an interest in dental sleep medicine or research. Regular members receive online and print subscriptions to *Dialogue* and *Sleep and Breathing*.

- Check here if you do not want a print subscription to *Sleep and Breathing*
(You will still receive online access to the journal.)

Membership Dues: \$345**

- Student Membership:** Individuals enrolled in formal training programs leading to one or more of the following dental or medical degrees: DDS, DMD, MD, PhD, DO, BDS or equivalent international degree, or MS. A Regular member returning for a secondary degree that is not related to dentistry or medicine is not eligible for Student membership. Student members receive online and print subscriptions to *Dialogue*.

Membership Dues: Free** (Students must enclose a completed copy of the AADSM student membership application to apply for this membership classification.)

**The above amounts are valid from October 1, 2011 to May 31, 2012. If you are applying for membership outside of these dates, please visit the AADSM website at www.aadsm.org for the most current dues information or to apply online.



Payment

1. _____ **2012 Membership Dues** (from above)
2. _____ **Membership Frames**—Take pride in your AADSM membership by displaying your membership certificate in a cherrywood or black hardwood frame (prices include domestic shipping and handling fees; any additional international shipping is based on cost).
- Cherrywood Frame \$35 Black Hardwood Frame \$30
- \$ _____ **Total Fees Paid** (Add Items 1-2)
- Member Referral (Optional):** _____
Please write in name and member number (if known) of the individual who referred you to the AADSM.

Method of Payment

(Please check one) Purchase Orders are not acceptable as payment for membership dues.

- Check payable to the AADSM (U.S. funds drawn on a U.S. bank)
 Payment by credit card
 Visa MasterCard American Express

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 non-deductible lobbying expenses. The AADSM estimates that in 2012, none of your dues will represent such non-deductible lobbying expenses.

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

Validation Code:*** _____ Cardholder Name: _____

Signature: _____

***For a VISA or MasterCard, 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.