

AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE **2020 Application for Membership**

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biographical information									
Name: (Last)	(First)	(M.I.)	Suffix:						
Degree(s):		Date of Birth:	Gender: O Male O Female						
Address and Directory Information Ple	ase provide both addresses and check the preferred	mailing address below.							
O 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:									
O Home Address:									
City:	State:	Postal Code:	Country:						
Mobile:	Email:								
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:		License Number:						
State:	Expiration Year:	Type:	License Number:						
Type of Practice/Specialty (Check all that apply)									
O General Dentistry	O Orthodontics	O Periodontics	O Endodontics						
O Pediatric Dentistry	O Prosthodontics	O Oral and Maxillofacial Surgery	O Orolfacial Pain						
How did you hear about AADSM membership?									

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

Membership is on a calendar-year basis (January 1, 2020 - December 31, 2020).

O 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.)

O 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 this application must be submitted by email using your military email address to be eligible for this membership type.)

*Please visit the AADSM website at aadsm.org/join for the most current dues information or to apply online.

If you would like to join the AADSM as a Student or Academic Faculty Member, you must submit verification with your application. Please use the membership applications found at aadsm.org/join.

Dues Total:

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

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O Check payable to the AADSM (U.S. funds d	rawn on a U.S. bank)	Credit card: O Visa	O MasterCard	O American Express O Discover		
Total: \$	Card Number:			Exp. Date:		
Validation Code*:	Billing Address:					
Cardholder's Name:		Signature:				
Membership dues are non-refundable. *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 2020 none of your						

dues will represent such nondeductible lobbying expenses.