

AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE 2022 Prorated Membership Application for Dental Sleep Medicine Team Member

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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 Please provide both addresses and check the preferred mailing address below.									
O Professional Address									
Business Name:		Address:							
City:	State:	Postal Code:	Country:						
Phone:	Fax:	Email:							
Website:									
Name of Dentists in Office:									
O Home Address:									
City:	State:	Postal Code:	Country:						
Mobile:	Email:								
Licensing									
State:	Expiration Year:	Type:	License Number:						
State:	Expiration Year:	Туре:	License Number:						
Role in the Dental Team									
O Dental Hygeinist	O Dental Assistant	O Office Manager	O Dental Technician						
O Dental Nurse	O Dental Therapist	O Other:							
How did you hear about AADSM membership?									

lembership Classification and Dues (Please check the membership category for which you are applying)									
	(January 1, 2022 - December 31, 2022).	ou are applying)							
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Open to individuals who perform dental sleep medicine duties at an AADSM member's dental practice and are not eligible for other membership categories. Dental Sleep Medicine Team members have all rights and privileges of membership, including subscriptions to publications and informational mailings developed by the AADSM. Dental Sleep Medicine Team members do not have voting rights. Dental Sleep Medicine Team members are included in the Membership Directory but will not be listed on the Find-an-AADSM-Dentist Directory.									
(The name of the dentist you are employed by must be submitted with your application to be eligible for this membership type.)									
O DENTAL TEAM MEMBER OF	AADSM NONMEMBER: \$400 \$200								
have all rights and privileges of memb	I sleep medicine duties at a dental practice and a ership, including subscriptions to publications and Medicine Team members are included in the Me	l informational n	nailings de	veloped by the AAL	DSM. Dental Sleep Medicine Team membe				
The above prices are valid	for new members from June 1 - September 30, 20	021. Join online	or view a	dditional membershi	p categories at aadsm.org/join.				
				Dues Total:	\$				
Refund Policy									
I understand AADSM membership	dues are non-refundable.								
Method of Payment (Please check one b	ox below. Purchase orders are not accepted as paymer	nt of membership	dues.)						
O Check payable to the AADSM (U.S. funds drawn 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 2022 none of your dues will represent such nondeductible lobbying expenses.