

## AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE **2022 Application for Membership**

1001 Warrenville Road, Suite 175, Lisle, IL 60532 P: 630-686-9875 · F: 630-686-9876 E: info@aadsm.org www.aadsm.org

## **Biographical Information**

Name: (Last)	(First)	(M.l.)	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 (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 (By paying membership dues, I attest that I have a valid license in my place of residence.)							
State:	Expiration Year:	Туре:	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 Orofacial 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, 2022 - December 31, 2022).						
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.)						
If you would like to join the AADSM as a <b>Team Member, Student</b> or <b>Academic Faculty</b> Member, you must submit verification with your application. Please use the membership applications found at <b>aadsm.org/join.</b>						
			Dues Total:	\$		
Active License Attestation						
By paying my membership dues, I atte	est that I have a valid license in my place of re	esidence				
Refund Policy						
I understand AADSM membership dues are non-refundable.						
Method of Payment (Please check one box below. Purchase orders are not accepted as payment of membership dues.)						
O Check payable to the AADSM (U.S. funds of	Irawn 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:	ng 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.						
	atement to be published: "Membership dues are not de requires that the AADSM disclose the percentage of y le lobbying expenses.					