

AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE 2022 Application for Prorated Membership

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Name: (Last)	(First)	(M.l.)	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 p	rovided, 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 attes	st 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	eneral Dentistry O Orthodontics		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: \$499 \$200 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 physici residence. Regular members have all rights and privileges of membership, including subscriptions to publications and informational mailings developed by the 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.)

*The above amounts are valid from June 1 to September 30, 2022. If you are applying for membership outside of these dates, 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 Team Member, Student or Academic Faculty Member, please use the membership applications found at aadsm.org/join.

Dues Total:
Dues Total:

Active License Attestation

By paying my membership dues, I attest that I have a valid license in my place of residence

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 drawn on a U.S. bank)			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								

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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.