



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE
2024 Application for Membership

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 www.aadsm.org

Biographical Information

Name: (Last)	(First)	(M.I.)	Suffix:
Degree(s):		Date of Birth:	

Address and Directory Information Please provide both addresses and check the preferred mailing address below.

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:			

Home Address:

City:	State:	Postal Code:	Country:
Mobile:	Email:		

Licensing (By paying membership dues, I attest that I have a valid dental license in my place of residence.)

State:	Expiration Year:	Type:	License Number:
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Type of Practice/Specialty (Check all that apply)

<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Oral and Maxillofacial Surgery	<input type="checkbox"/> 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, 2024 - December 31, 2024).

FULL MEMBERSHIP: \$450

Open to licensed dentists who hold a DDS, DMD, or equivalent degree, and are a licensed dentist in their place of residence. Full members receive all member benefits and have full voting rights.

(A copy of your valid dental license must be submitted with your application to be eligible for this membership type.)

FULL MEMBERSHIP – FEDERAL SERVICE: \$60

Open to licensed dentists who hold a DDS, DMD, or equivalent degree, and serve full time in federal service (Air Force, Navy, Army, Federal Public Health Service, or Veterans Administration). Must submit information to verify full time federal service employment when applying. Full members receive all member benefits and have voting rights.

(To be eligible for this membership type, include verification of your federal service employment status. Active-duty military members may submit the application from their military email address as verification of status. Other federal service members must submit contact information that would allow AADSM to verify full time employment status)

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

Dues Total: \$

Active License Attestation

By paying my membership dues, I attest that I have a valid dental 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.)

Check payable to the AADSM (U.S. funds drawn on a U.S. bank)

Credit card: Visa MasterCard American Express 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 2023 none of your dues will represent such nondeductible lobbying expenses.