



# AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE 2025 Prorated Membership Application for Dental Sleep Medicine Team Member

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www.aadsm.org

## Biographical Information

|              |                |   |         |
|--------------|----------------|---|---------|
| Name: (Last) | (First)        | (M.I.)  | Suffix: |
| Degree(s):   | Date of Birth: | Gender: <input type="radio"/> Male <input type="radio"/> Female |         |

## Address and Directory Information

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

|  |        |              |          |
|--|--------|--------------|----------|
| <input type="radio"/> Professional Address |        |              |          |
| Business Name:                             |        | Address:     |          |
| City:                                      | State: | Postal Code: | Country: |
| Phone:                                     | Fax:   | Email:       |          |
| Website:                                   |        |              |          |
| Name of Dentists in Office:                |        |              |          |
| <input type="radio"/> Home Address:        |        |              |          |
| City:                                      | State: | Postal Code: | Country: |
| Mobile:                                    | Email: |              |          |

## Licensing

|        |                  |       |                 |
|--------|------------------|-------|-----------------|
| State: | Expiration Year: | Type: | License Number: |
| State: | Expiration Year: | Type: | License Number: |

## Role in the Dental Team

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Dental Assistant | <input type="radio"/> Office Manager | <input type="radio"/> Dental Technician |
| <input type="radio"/> Dental Nurse     | <input type="radio"/> Dental Therapist | <input type="radio"/> Other:         |   |

## How did you hear about AADSM membership?

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

Membership is on a calendar-year basis (January 1, 2025 - December 31, 2025)

☐ DENTAL TEAM MEMBER OF AADSM MEMBER : ~~\$150~~ \$75

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.)

☐ DENTAL TEAM MEMBER OF AADSM NONMEMBER: ~~\$450~~ \$225

Open to individuals who perform dental sleep medicine duties at a 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.

Join online or view additional membership categories at [aadsm.org/join](https://aadsm.org/join).

Dues Total:

\$

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.)

|  |                  |  |  |
|--|------------------|--|--|
| <input type="radio"/> Check payable to the AADSM (U.S. funds drawn on a U.S. bank)   |                  | Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> 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 2025 none of your dues will represent such nondeductible lobbying expenses. |                  |  |  |