



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

2026 Application for Academic 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 Information

By paying my membership dues, I attest that I have a valid license in my place of residence.			
State:	Expiration Year:	Type:	License Number:
State:	Expiration Year:	Type:	License Number:

Type of Practice/Specialty

(Check all that apply)

☐ General Dentistry	☐ Orthodontics	☐ Periodontics	☐ Endodontics
☐ Pediatric Dentistry	☐ Prosthodontics	☐ Oral and Maxillofacial Surgery	☐ Orofacial Pain

How did you hear about AADSM membership?

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Verification of Faculty Status

IMPORTANT: This section must be completed before your application can be processed. This is to verify that the above person is currently employed as a full-time faculty member.	
Name of Dean:	Email:
Phone:	Title:
Dean Signature:	Date:
Applicant Signature:	Date:

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Membership Classification and Dues

Membership is on a calendar-year basis (January 1, 2026 - December 31, 2026).	
☐ ACADEMIC MEMBERSHIP: \$60 Open to individuals who are full-time faculty, defined as at least 75% effort in an accredited dental school or a CODA-accredited program. Academic members have full voting rights. (Academic members must submit verification of their faculty status when applying for this membership classification.)	

Total Dues:

\$

Refund Policy

I understand AADSM membership dues are non-refundable.
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Method of Payment (Please check one box below. Purchase orders are not accepted as payment of membership dues. Membership dues are non-refundable.)

☐ 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:	
*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 2026 none of your dues will represent such nondeductible lobbying expenses.			