



AMERICAN ACADEMY OF DENTAL SLEEP
MEDICINE 2026 Membership Application for Dental
Sleep Medicine Team Member

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E: info@aadsm.org
www.aadsm.org

Biographical Information

Name: (Last)	(First)	(M.I.)	Suffix:
Degree(s):	Date of Birth:	Gender: ☐ Male ☐ Female	

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

☐ Professional Address			
Business Name:		Address:	
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email:	
Website:			
Name of Dentists in Office:			
☐ 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

☐ Dental Hygienist	☐ Dental Assistant	☐ Office Manager	☐ Dental Technician
☐ Dental Nurse	☐ Dental Therapist	☐ 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, 20256- December 31, 2026).

☐ DENTAL TEAM MEMBER OF AADSM MEMBER : \$150

Open to individuals who are not licensed dentists and are employed in a dental practice to perform clinical or administrative duties. 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

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Join online or view additional membership categories at [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.)

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