



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

2026 Application for Federal Service Membership

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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 (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 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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Membership Classification and Dues

Membership is on a calendar-year basis (January 1, 2026 - December 31, 2026).	
☐ FEDERAL SERVICE MEMBERSHIP: \$60 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. Open to licensed dentists who hold a DDS, DMD or equivalent dental degree and who currently serve full time in federal service (Air Force, Navy, Army, Federal Public Health Services, or Veterans Administration) (A copy of this application must be submitted by email using your federal email address to be eligible for this membership type.)	
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 license in my place of residence

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.)

☐ 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.			