Membership is on a calendar-year basis (January 1, 2015-December 31, 2015).

Individual Information Name: Last	Date:	_ Accreditation, AASM, AAST, BSM or SRS Number:		
General Sleep Center Information Sleep Program Name: Host Institute Name: Medical Director: Primary Contact: Addresses and Directory Information Professional or Sleep Center Location Address Addresse: City:				
General Sleep Center Information Sleep Program Name: Host Institute Name: Medical Director: Primary Contact: Addresses and Directory Information Professional or Sleep Center Location Address Addresse: City:	Name: Last	First	Middle	e
Sleep Program Name:	Professional Degree(s):	Certifications		
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Host Institute Name:				
Medical Director:				
Primary Contact:	Medical Director:	Technical Director:		
Professional or Sleep Center Location Address Address: City:				
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City:				
Website:	City:	State:	Postal Code:	Country:
Website:	Phone:	Fax:	Email:	
Professional or Sleep Center Mailing Address Address: City: State: Postal Code: Country: Type of Membership Individual – Regular (Possess a MD, DO, PhD, DDS or other doctoral degree in the health care field and are active in sleep disorders medicine) Individual – Affiliate (Have special training in the healthcare field such as technologists, nurses and sleep center managers who are active in the clinical and/or research aspect of sleep medicine) Individual – In-Training (are in a formal training program who, upon completion, will be eligible for Regular Membership). This category includes residents, fellows, and PhD candidates) Individual – Student (are in a formal training who, upon completion, will be eligible for Regular. Membership) Sleep Center (are accredited by the AASM including full service sleep disorders, sleep disorders center fo \$330.00 sleep-related breathing disorders, and/or out of center testing centers) Payment §	Website:	<u> </u>	<u> </u>	
Address:				
Payment \$	I ype of Membership Individual – Regular \$75.00 Individual – Affiliate \$37.50 Individual – In-Traini \$25.00 Individual – Student \$15.00 Sleep Center	(Possess a MD, DO, PhD, I in sleep disorders medicir (Have special training in th managers who are active i ing (are in a formal training pro Membership. This categor (are in a formal training wh Training Membership) (are accredited by the AAS	DDS or other doctoral degree in ne) ne healthcare field such as techn in the clinical and/or research as ogram who, upon completion, w y includes residents, fellows, ar ho, upon completion, will be elig SM including full service sleep d	the health care field and are active nologists, nurses and sleep center spect of sleep medicine) rill be eligible for Regular nd PhD candidates) gible for Affiliate or Regular-In lisorders, sleep disorders center for
\$Total Method of Payment Purchase Orders are not accepted as payment of membership dues. q Check payable to the MASM (U.S. funds drawn on a U.S. bank) Payment by credit card q Visa q MasterCard q American Express Card Number:Exp. Date:/ Validation Code:**Cardholder Name: Validation Code:**Cardholder Name: Billing Address: Check if billing address same asLocation Address;Mailing Address Address:City:State:Postal Code:Country:		sleep-related breathing dis	sorders, and/or out of center les	sting centers)
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Billing Address: Check if billing address same asLocation Address; Mailing Address Address: City: State: Postal Code: Country:	Validation Code***	Cardholder Name:		_ LAP. Date/
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Signature: State Fostal Courd Coullity *The above amount is valid if you join from Oct 1, 2014 to Jun 30, 2015. If you are applying for membership outside of	Auultss	Stata:	Postal Coda:	Country
SIGNAULT	City.	State	r usial Coue	Country
	*The above amount is valid if	vou join from Oct 1 2014 to	Jun 30 2015 If you are apply	ing for membership outside of

these dates please visit the MASM website at www.masmnet.org for the most current membership information dues or to apply online.

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