

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

Date: _____ **Accreditation, AASM, AAST, BSM or SRS Number:** _____

Individual Information

Name: Last _____ First _____ Middle _____

Professional Degree(s): _____ Certifications _____

General Sleep Center Information

Sleep Program Name: _____

Host Institute Name: _____

Medical Director: _____ Technical Director: _____

Primary Contact: _____

Addresses and Directory Information

Professional or Sleep Center Location Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Professional or Sleep Center Mailing Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Type of Membership

- Individual – Regular **\$75.00** (Possess a MD, DO, PhD, DDS or other doctoral degree in the health care field and are active in sleep disorders medicine)
- Individual – Affiliate **\$37.50** (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 **\$25.00** (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 **\$15.00** (are in a formal training who, upon completion, will be eligible for Affiliate or Regular-In Training Membership)
- Sleep Center **\$330.00** (are accredited by the AASM including full service sleep disorders, sleep disorders center for sleep-related breathing disorders, and/or out of center testing centers)

Payment

\$ _____ 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: _____

Billing Address: Check if billing address same as Location Address; Mailing Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Signature: _____

*The above amount is valid if you join from Oct 1, 2014 to Jun 30, 2015. If you are applying 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.

**For a VISA or MasterCard, the validation code is the last 3 number 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.