



Application for Membership

Last Name _____ First Name _____ Suffix _____

Membership Information should be sent to:

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

Email **** (IMPORTANT)** _____

Referred by _____

Active members are included on the MDSS website unless indicated by checking: DO NOT list my name on the MDSS website

Please circle which certifications apply:

MD DDS RPSGT ABSM ABDSM BSM ABMS-Sleep RRT RN NP PA Other _____

Membership Classification (please check the applicable membership category)

Doctoral Membership <i>Members possess an MD, DO, PhD, DDS/DMD, or other doctoral degree in sleep disorders medicine.</i>	\$50.00	_____
		Specialty: _____

Polysomnographic Membership <i>Members whose primary employment is the sleep technology profession.</i>	\$25.00	_____
---	----------------	-------

Professional Membership <i>Members possess an RN, NP, PA, or RRT degree.</i>	\$25.00	_____
--	----------------	-------

Affiliate Membership <i>Individuals with special training in the healthcare field, such as sleep center managers who are practicing or are interested in sleep medicine.</i>	\$25.00	_____
--	----------------	-------

Student Membership <i>Members who are seeking a degree leading to participation in sleep disorders medicine. Submit letter from program director.</i>	\$ 0.00	_____
---	----------------	-------

I am currently a member of (circle one) **AASM** **SRS** **AADSM** **AAST** **None**

Please return this application with your payment.

Make checks payable to: **Maryland Sleep Society**
and mail to: 1211 Cathedral Street, Baltimore, MD 21201

or

Pay your dues on-line at www.marylandsleepsociety.com