



Biographical Data

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Degrees/Certifications: _____ Gender: M F

I am currently a member of: AASM SRS AADSM AAST None

This is for informational purposes only and is not required.

Contact Information (Address must be within the state of Virginia)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____ E-mail:* _____

This is my: Professional Address Home Address

*E-mail addresses will be used to provide members with information about VASM news and events. The VASM does NOT rent e-mail addresses to third-party organizations.

Certification Data

Please check the following certifications that may apply to you:

ABSM ABDSM BSM RPSGT ABMS-Sleep

Membership Classification (please check the membership category for which you are applying)

Current dues payment covers membership through December 31, 2010.

Physician Membership: Individuals possess a MD, DO, PhD, DDS/DMD, or other doctoral degree in sleep disorders medicine.

Dues for Physician Members in 2010 are \$100.

Allied Sleep Professional Membership: Individuals whose primary employment is in the sleep medicine profession, such as polysomnographic technologists and technicians, nurse practitioners and physician assistants.

Dues for Sleep Professional Members in 2010 are \$50.

Affiliate Membership: Individuals with special training in the healthcare field, such as sleep center managers and respiratory therapists, who are practicing or are interested in sleep medicine.

Dues for Affiliate members in 2010 are \$50.

Student Membership: Student membership is limited to a maximum of two years. Students must re-apply on an annual basis.

Dues for Student members in 2010 are \$25 (please provide program enrollment verification)

Method of Payment

The VASM can only accept checks at this time. Please make your payment to: Virginia Academy of Sleep Medicine