



2018 Membership Application

2510 North Frontage Road, Darien, IL 60561

P: 877-787-2247 F: 630-737-9790

E: membership@sleepallies.org

sleepallies.org

Personal Information (Required)

Name: <small>(Last)</small> _____ <small>(First)</small> _____ <small>(Middle)</small> _____	Date of Birth: _____	Gender: <input type="radio"/> Female <input type="radio"/> Male
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Contact Information

<input type="radio"/> Professional Address <small>(For Provider Members only, to be listed in the online Membership Directory.)</small>			
Business Name: _____		Address: _____	
City: _____	State: _____	Postal Code: _____	Country: _____
Phone: _____	Fax: _____	Email: _____	
<input type="radio"/> Home Address:			
City: _____	State: _____	Postal Code: _____	Country: _____
Home Phone: _____	Mobile: _____	Email: _____	

I am a... (Check One)

<input type="radio"/> Patient	<input type="radio"/> Parent of pediatric patient	<input type="radio"/> Physician	<input type="radio"/> Patient's Proxy
<input type="radio"/> Advanced Practice Registered Nurse	<input type="radio"/> Physician Assistant	<input type="radio"/> Psychiatrist	<input type="radio"/> Psychologist
<input type="radio"/> Sleep Technician/Technologist	<input type="radio"/> Patient Family Member (other than parent or proxy)	<input type="radio"/> Individual interested in sleep	<input type="radio"/> Other

What would you like the AAHS to accomplish over the next two years? How can we best serve you during your membership?

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Membership Dues

<input type="radio"/> Patient Membership: For patients with sleep disorder(s) or their proxy	\$25.00
<input type="radio"/> Provider Membership: For sleep providers, including physicians, clinicians, advanced practice registered nurses, physician assistants or other sleep providers	\$25.00
<input type="radio"/> General Membership: For family members of patients (who are not serving as the patient's proxy) and individuals interested in healthy sleep or sleep topics who are not patients or providers	\$25.00
<i>The above pricing reflects a 2 year membership.</i>	

Method of Payment (Please check one below. Purchase orders are not accepted as payment of membership dues.)

<input type="radio"/> Check payable to the AAHS <small>(U.S. funds drawn on a U.S. bank)</small>	Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover		
Total: \$ _____	Card Number: _____	Exp. Date: _____	
Validation Code*: _____	Billing Address: _____		
Cardholders Name: _____	Signature: _____		
<small>*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.</small>			
<small>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 AAHS disclose the percentage of your dues that relate to nondeductible lobbying expenses. The AAHS estimates that in 2018, 2% of your dues will represent such nondeductible lobbying expenses. You will need to reduce any claimed deduction for AAHS dues by this amount.</small>			