



Pennsylvania Sleep Society

Application for Membership

BIOGRAPHICAL INFORMATION

Name (First, Middle Initial, Last): _____

Degrees/Certifications: _____ Gender: M F

Address: _____

City: _____ State: PA Zip: _____ This is my: Home Office

Telephone: _____ Fax: _____ Email: _____

I am currently a member of: AASM SRS AAST AADSM Other Sleep Society

I have received these certifications: ABSM ABDSM CBSM RPSGT ABMS-Sleep

MEMBERSHIP CLASSIFICATION

- Doctoral Member:** *Individuals possessing an MD, DO, PhD, DDS/DMD, or other doctoral degree and is involved in sleep research or sleep medicine*
- Polysomnographic Practitioner Member:** *Individuals whose primary employment is in sleep research or sleep medicine*
- Student / Trainee Member:** *Individuals who are enrolled in a training or educational program pertaining to sleep; proof of enrollment must be submitted with this application in the form of a signed letter from the program director, as well as contact information (phone number and email) at which said program director may be reached*
- Affiliate Member:** *Individuals with special training in the healthcare field, such as nurses and sleep center managers, who are practicing or are interested in sleep medicine*

SUBMISSION AND PAYMENT INFORMATION

Please submit this application to: 10551 Decatur Road, Philadelphia, PA 19154. Membership is contingent on paying dues. To pay dues or renew membership, make a payment online: <http://www.pasleep.org>.