



WISCONSIN SLEEP SOCIETY

APPLICATION FOR MEMBERSHIP

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

CONTACT INFORMATION *(Address must be within the state of Wisconsin)*

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 WSS news and events. The WSS 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

- Doctoral Membership:** Individuals possess a MD, DO, PhD, DDS/DMD, or other doctoral degree in sleep disorders medicine.
- Polysomnographic Membership:** Individuals whose primary employment is the sleep technology profession.
- Student Membership:** Individuals who are seeking a degree leading to participation in sleep disorders medicine.
- Affiliate Membership:** Individuals with special training in the healthcare field, such as nurses and sleep center managers, who are practicing or are interested in sleep medicine.

METHOD OF PAYMENT *(please check one)* Purchase Orders are not acceptable as payment of membership dues.

Check made payable to the Wisconsin Sleep Society (U.S. funds drawn on a U.S. bank) for \$25.

Payment by credit card Visa MasterCard American Express

Total: \$25.00 Card Number: _____

Cardholder Name: _____ Exp. Date: _____ / _____

Signature: _____ *V-Code: _____

**For a VISA or MasterCard, 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.*

PLEASE SEND APPLICATION TO THE WSS BUSINESS ADDRESS LOCATED AT:
WISCONSIN SLEEP SOCIETY, PO Box 170692, MILWAUKEE, WI 53217

PLEASE EMAIL INFO@WISLEEP.ORG WITH QUESTIONS