



BIOGRAPHICAL DATA

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

Degrees/Certifications: _____ Gender: M F

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

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

Address: _____

City: _____ State: _____ Zip Code: _____

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

This is my: Professional Address Home Address

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

LICENSING/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)*

Membership is on a calendar-year basis (January 1-December 31). Dues for all membership categories in 2009 are \$75.

Doctoral Membership: Individuals possessing an MD, DO, PhD or other doctoral degree in sleep disorders medicine.

Polysomnographic Membership: Individuals whose primary employment is in 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 California Sleep Society (U.S. funds drawn on a U.S. bank) for \$75.

Payment by credit card Visa MasterCard American Express

Total: _____ \$75.00 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 CSS BUSINESS OFFICE:

California Sleep Society
2940 Whipple Avenue, Suite A – Redwood City, CA 94062