



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 2011 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.

Paypal from CSS website.

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
C/O Michael Salemi
985 Atlantic Ave. Suite 250
Alameda, CA 94501