



BIOGRAPHICAL DATA

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

Degrees/Certifications: _____ Gender: M F

I am currently a member of: AASM AAST Neither

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

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 CSS news and events. The CSS does NOT rent e-mail addresses to third-party organizations.*

LICENSING/CERTIFICATION DATA *(please provide medical licensing and certification information from the state of California for the following degrees/certifications if applicable: MD, DO, DDS, RPSGT, RRT)*

Type: _____ License Number: _____ Year of Initial Licensing/Certification: _____ Expiration Year: _____

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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 2008 are \$25.

- Physician Membership:** Individuals possess an MD, DO, PhD, DDS, or other doctoral degree in sleep disorders medicine.
- Technologist Membership:** Individuals whose primary employment is the sleep technology profession.
- 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 \$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 number 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 LOCATED AT:
ONE WESTBROOK CORPORATE CENTER, SUITE 920, WESTCHESTER, IL 60154, PHONE (708) 492-0930
ANY QUESTIONS CALL THE CSS STAFF CONSULTANTS:
TED THURN, TTHURN@AASMNET.ORG AND TAYLOR FRAWLEY, TFRAWLEY@AASMNET.ORG