



American Association of Sleep Technologists 2012 MEMBERSHIP APPLICATION

Biographical Data

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

Date of Birth: ____/____/____ Gender: Male Female

Certifications *(Required if applicable)*

RST RPSGT CPSGT

Certification Date(s) _____ Renewal Date(s) _____

Other: _____

Certification Date(s) _____ Renewal Date(s) _____

Addresses and Directory Information *(Please provide both addresses and check preferred mailing address)*

Members who join after February 29, 2012, will not receive or be included in the 2012-2013 Membership Directory. Directories will be mailed in June of each year.

Send me a printed copy of future membership directories. Yes No

Professional Address – *(Listed in the annual Membership Directory; if no professional address is provided, only your name will be listed in the directory; a professional address is required to apply for Regular Membership)*

Business Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail:* _____

Home Address

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail:* _____

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

Where did you hear about AAST Membership? *(Please check one)*

- | | | |
|---|---|--|
| <input type="radio"/> Browsing the AAST website | <input type="radio"/> Announcement received via mail | <input type="radio"/> Colleague/Referral |
| <input type="radio"/> When registering for an AAST course | <input type="radio"/> Through the ABSM | <input type="radio"/> Through the BRPT |
| <input type="radio"/> Through a CEC program or
CAAHEP-accredited program | <input type="radio"/> Reading <i>A₂Zzz</i> | <input type="radio"/> Other |

Membership Classification *(Please check the membership category for which you are applying)*

Membership is on a **calendar-year basis** (January 1, 2012 - December 31, 2012).

- Regular Membership:** Individuals whose primary employment is in the sleep technology profession. (A professional address must be provided to apply for this membership classification. If no professional address is provided, you will be classified as an Associate Member.)

Membership Dues: \$100**

- Student Membership:** Individuals enrolled in formal training programs for sleep technology. **You must enclose a completed copy of the AAST Student Membership application to apply for Student Membership;** qualifications for Student Membership and the application can be found at www.aastweb.org.

Membership Dues: \$50**

- Associate Membership:** Individuals who have an interest in the sleep technology profession and do not qualify under any other individual membership classification.

Membership Dues: \$100**

***The above prices are valid from October 1, 2011 to May 31, 2012. If you are applying for membership outside of these dates, please visit the AAST website at www.aastweb.org for the most current membership dues information or to apply online.*



Payment

1. _____ 2012 Membership Dues *(from above)*

2. _____ AAST Products

Artifact and Troubleshooting Guide— This unique guide contains examples of 29 artifacts that can occur during polysomnography, including illustrations, descriptions, causes and solutions. *Member pricing: \$45 (includes domestic shipping and handling fee; any additional international shipping is based on cost)*

Membership Lapel Pin—Take pride in your AAST membership by wearing this AAST membership logo lapel pin. *AAST Lapel Pin: \$20 (includes domestic shipping and handling fee; any additional international shipping is based on cost)*

Artifact and Troubleshooting Guide and Membership Lapel Pin—\$55 *(includes domestic shipping and handling fee; any additional international shipping is based on cost)*

_____ **Total Fees Paid** *(Add Items 1-2)*

Member Referral *(Optional):* _____

Please write in name and member number (if known) of the individual who referred you to the AAST.

Method of Payment

(Please check one) Purchase Orders are not acceptable as payment for membership dues.

- Check payable to the AAST (U.S. funds drawn on a U.S. bank)
- Payment by credit card
- Visa MasterCard American Express

Total: \$ _____ Card Number: _____ Exp. Date: _____ / _____

V-Code:*** _____ Cardholder Name: _____

Billing Address: _____

Signature: _____

****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.*

The Revenue Act of 1987 requires the following statement to be published: "Membership dues are not deductible as charitable contributions." However, dues may be deductible as a business expense. The Revenue Reconciliation Act of 1993 requires that the AAST disclose the percentage of your dues that relate to non-deductible lobbying expenses. The AAST estimates that in 2012, none of your dues will represent such non-deductible lobbying expenses.