



2012 APPLICATION FOR MEMBERSHIP

Society of Behavioral Sleep Medicine • 2510 North Frontage Road, Darien, IL 60561-1511

Phone: 630-737-9706 • Fax: 630-737-9790

membership@behavioralsleep.org • www.behavioralsleep.org

Biographical Data

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

Title: _____ Degrees/Certifications: _____ CBSM: Yes No

Date of Birth: ____/____/____ Gender: Male Female Are you licensed: Yes No State: _____ Type: _____

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

Professional Address

Business Name: _____

Address: _____

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

Phone: _____ Fax: _____ E-mail: _____

Home Address

Address: _____

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

Phone: _____ E-mail: _____

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

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

Regular Member: Individuals holding a doctoral degree and are active in Behavioral Sleep Medicine clinical care, education and/or research.
Membership Dues: \$175

Associate Member: Individuals holding a non-doctoral degree (Bachelors and/or Masters) and are active in Behavioral Sleep Medicine clinical care, education and/or research.
Membership Dues: \$125

Student Member: Individuals in a full-time educational program (Bachelors, Masters and/or Doctoral). Student memberships may be extended for a period of one (1) year provided the student is in a post-doctoral program or residency internship. Individuals applying for this category must enclose a letter from their program director verifying their student status.
Membership Dues: \$50

Member Referral Program *Were you referred by an SBSM Member?*

Yes No If yes, provide member's name: _____

Contribution to the SBSM

I would like to contribute \$_____ to assist in the growth and development of the SBSM. *Note: Any contribution made to the SBSM can only be deducted as a business expense.*

Method of Payment *(Please check one) Purchase Orders are not accepted as payment of membership dues.*

Check payable to the SBSM (U.S. funds drawn on a U.S. bank)

Payment by credit card

VISA MasterCard American Express

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

Validation Code:* _____ Cardholder Name: _____

Billing Address: _____

Signature: _____

*For a VISA or MasterCard, the validation code is the last three 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 that the following statement be published: "Membership dues are not deductible as charitable contributions." However, dues may be deductible as a business expense.