



### Biographical Data

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender:  M  F

I am currently a member of:  AASM  SRS  AADSM  AAST  None

Degrees/Sleep Certifications: \_\_\_\_\_

Please check the following certifications that may apply to you:

RPSGT  OMD/DO  PhD  ABSM  ABDSM  BSM  ABMS-Sleep  PA  NP  
 CRT  RRT  Other \_\_\_\_\_

### Contact Information *(Non-residents eligible for Affiliate membership only)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This is my:  Professional Address  Home Address

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail:\* \_\_\_\_\_

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

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

Current dues payment covers membership through August 31. Dues for doctoral members are \$50 and dues for all other membership categories are \$25, with the exception of student members who are exempt from paying any dues.

- Doctoral Membership:** Individuals possess a MD, DO, PhD, DDS/DMD, or other doctoral degree in sleep disorders medicine.
- Polysomnographic Membership:** Individuals whose primary employment is 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.

### Payment

- Check made payable to the Montana Sleep Society (U.S. funds drawn on a U.S. bank).
- Payment made online via PayPal.

**PLEASE SEND APPLICATION TO THE MSS ADDRESS LOCATED AT:**

**1131 ANTARES ROAD  
HELENA, MT. 59602**