



BIOGRAPHICAL DATA

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
Degrees/Certifications: _____ Gender: M F
I am currently a member of: AASM SRS AADSM AAST None
Areas of Interest: _____

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

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

CERTIFICATION DATA

Please check the following certifications that may apply to you:

ABSM ABDSM BSM RPSGT RRT/CRT BMS-Sleep ARNP LCWS PA

MEMBERSHIP CLASSIFICATION *(please check the membership category for which you are applying)*

Current dues payment covers membership through December 31, 2010. Dues for all membership categories in 2010 are \$25, with the exception of student members, who are exempt from paying membership dues.

Health care provider membership: Individuals possessing a MD, DO, PhD, DDS/DMD, or other doctoral degree in sleep disorders medicine.

Technical discipline membership: Individuals whose primary employment is in the sleep technology profession, or individuals holding credentials as an ARNP, LCWS, PA or other credentials related to sleep medicine.

Student membership: Individuals pursuing a degree leading to participation in sleep disorders medicine, sleep research or sleep education. Student membership also applies to residents and fellows.

Affiliate Members: Individuals who have special training in the healthcare field and are active in aspects of sleep medicine.

METHOD OF PAYMENT *(please check one)* Purchase Orders are not acceptable as payment of membership dues.

Check made payable to the Massachusetts Sleep Society (U.S. funds drawn on a U.S. bank) for \$25.

PLEASE SEND APPLICATION TO :

MASS SLEEP SOCIETY
C/O DR S. HOROWITZ
125 NEWBURY ST
SUITE 200
FRAMINGHAM, MA 01701

ANY QUESTIONS PLEASE CONTACT:

SANDRA_HOROWITZ@SLEEPHEALTH.COM

STACIA.SAILER@UMASSMEMORIAL.ORG

PGORDON@LOWELLGENERAL.ORG

OR PAM GORDON: (978)937-6046