



NEW MEMBER/PATRON APPLICATION The American Association of Physicians of Indian Origin Sleep(AAPIOS) extends a one time opportunity to join the organization at a reduced annual membership fee of \$50.00 per person. Please fill in the application and fax/mail it to AAPIOS Office along with the payment. Membership is only open to physicians and other health care professionals of Indian Origin practicing sleep medicine.

PROSPECTIVE MEMBER PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Degree: MD
 DO Other degrees: (RPSGT, RRT, MBBS, BDS, MBA, PhD etc):

Male _____ Female _____

Private Practice _____ Academics _____ Industry _____ Other(specify) _____

Primary Specialty: _____ Secondary Specialty: _____

Current address: City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____
Medical/Dental School: _____ Year of Graduation: _____ Residency Completion Year: _____ Fellowship Completion Year: _____

NOMINATED BY (When applicable) Last Name: _____ First Name: _____
Middle Initial: _____ AAPIOS Membership Number:(If know)

Current address: _____ City: _____
State: _____ ZIP Code: _____ Phone: _____
Fax: _____ Email: _____

Medical/Dental School: _____ Private Practice _____ Academics _____
Retired _____ Other(specify) _____

Please make a check payable to the American Association of Physicians of Indian Origin Sleep and mail it along with the filled application form to the address below.

AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN – SLEEP (AAPIOS) C/O
GAUTAM SAMADDER MD, 99 N BRICE RD SUITE 300, COLUMBUS, OH 43213
www.aapios.org