



YES! I want to become a member of the American Sleep Apnea Association. Enclosed are my Annual Dues* of:

- | | | |
|---|--|--|
| <input type="checkbox"/> \$25 Member | <input type="checkbox"/> \$50 Friend | <input type="checkbox"/> \$100 Contributor |
| <input type="checkbox"/> \$250 Investor | <input type="checkbox"/> \$500 Patron | <input type="checkbox"/> \$750 Benefactor |
| <input type="checkbox"/> \$1000 Sponsor | <input type="checkbox"/> Other \$ _____. | |

Please send me my Medical Alert Bracelet or Necklace

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO AMERICAN SLEEP APNEA ASSOCIATION AND MAIL IT WITH THIS FORM TO THE ASAA AT
1424 K STREET NW, SUITE 302, WASHINGTON, DC 20005.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

**As a Member
You'll Receive:**

**A subscription
to WAKE-UP
CALL, a wellness
newsletter**

**Medical Alert
bracelet or
necklace**

**Information about
local A.W.A.K.E.
support groups**

*Contributions are tax-deductible to the extent allowed by law. Members at the Contributor level or above are recognized in the annual report unless they request otherwise. For members whose mailing address is outside of the United States, the minimum dues are \$50, and payment must be in U.S. dollars.