

# Southern Sleep Society Membership Application

Name \_\_\_\_\_

Check all that apply:

M.D.    Ph.D.    RPSGT    Technologist    RRT    CRTT    Fellow  
 Student    RN/LPN    Corporate Member    Other: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Corporate Contact Person \_\_\_\_\_

Corporate Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email \_\_\_\_\_

Committee Interest:

Program    Awards    Newsletter/Publications    Nominations

Annual membership fee is \$25, or \$50 for Corporate Members  
Make checks payable to **Southern Sleep Society**.

**Mail payments & completed registration form to:**

Marietta Bellamy Bibbs, Meeting Coordinator  
Southern Sleep Society  
422 Wildwood Way  
Belleair, FL 33756  
(713) 417-5933

E-Mail: [southernsleep@aol.com](mailto:southernsleep@aol.com)

Website: [www.southernsleepsociety.org](http://www.southernsleepsociety.org)