

**SINGAPORE SLEEP SOCIETY
MEMBERSHIP APPLICATION FORM**

PARTICULARS OF APPLICANT

Name : _____

NRIC number : _____

Date of birth : _____

Gender : _____

E-mail address : _____

Mailing address : _____

Present occupation : _____

Address of practice : _____

Mobile number : _____

Highest qualifications : _____

I agree to abide by the Constitution of the Singapore Sleep Society.

Signature of Applicant

Date of Application

Please email the completed form to singaporesleepsociety.sg@gmail.com

MESSAGE from the PRESIDENT

The main objective of the Singapore Sleep Society is for all people interested in Sleep and its disorders in Singapore to come together to enjoy and develop this discipline. Psychiatrists, Neurologists, Respiratory Physicians, Otolaryngologists, Dental Surgeons, Psychologists, Therapists, Technicians (and other professionals) and supporting corporations and individuals are welcome to join.

The membership categories:

1. **Ordinary** members – with a medical degree, PhD or equivalent.
2. **Associate** members – any person involved in the field of Sleep Disorders without the above qualification.
3. **Supporting** members – corporations and individuals supporting the society financially.

Membership fee:

Ordinary members - \$30.00 per year

Associate members - \$10.00 per year

Internet Bank Transfer

Name of Bank: United Overseas Bank Limited

Account Number: 129-308-558-2

Please include your name as reference

PayNow UEN – T02SS0099E (*Please include your name as reference*)



Cheques to be made to “**Singapore Sleep Society**” and mail to:

Singapore Sleep Society

10 Anson Road #32-10

Singapore 079903