



INDIAN SLEEP DISORDERS ASSOCIATION

MEMBERSHIP FORM

TO,

THE HONORARY GENERAL SECRETARY
INDIAN SLEEP DISORDERS ASSOCIATION
NEW DELHI

Dear Sir,

I -----desire to be enrolled as a member of the Indian Sleep Disorders Association in the category of Life Member / Annual Member/ corporate Member. Please enroll me and oblige.

I enclose payment of Cheque/D.D No.-----dt-----drawn (in favour of Indian Sleep Disorders Association) on Bank----- (Payable at Delhi), for Rs----- (In words-----). Please add Rs.70/- for outstation and non MICR cheques)

Name (Representative for Corporate Membership)-----

Designation-----Qualifications-----

Address-----

Speciality :

Internal (General) medicine

Physiologist

ENT

Neurology

Cardiology

Others

Psychiatry

Respiratory Medicine

Paediatric

Pharmacologist

Percentage of time spent in sleep medicine

0-25%

25-50%

50-75%

75-100%

Place of work----- Tel No's Res----- Off-----

Areas of interest in sleep medicine Mobile----- E.mail-----

----- Fax-----

Date----- Yours Truly

(Signature)

(For office use)

Placed before the Executive Committee on -----

Remarks-----

Member informed on-----

Instruction for members:

A) Membership Fee:	Individual Life: Rs.3000.00	Corporate life: Rs.30000.00
--------------------	-----------------------------	-----------------------------

Please return the completed form to General Secretary, ISDA

At Room No. 404, Ward-32, Department of Pulmonary, Critical Care & Sleep Medicine,
3rd Floor, Casualty Building, Safdarjang Hospital, New Delhi