

MEMBERSHIP APPLICATION FORM
ASIAN SLEEP RESEARCH SOCIETY

I am interested in becoming a member of the ASRS

I declare by this that I shall respect the Byelaws of the society as they have been stipulated.

Name:.....

Address:.....

City:.....State.....ZIP

Country.....

Mobile #

.....

E-mail address.....

My main interest in sleep is:

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(Please mail the application form to Secretary General of ASRS)