



British Sleep Society

UK Multidisciplinary Sleep Professionals

APPLICATION FOR MEMBERSHIP 2016/17

COMPLETE AND RETURN TO: British Sleep Society (BSS), c/o EBS, Davidson Road, Lichfield, WS14 9DZ

Please complete in block capitals

TITLE: (PROF/DR/MR/MRS/ETC) **DR SURNAME: FLINT FIRST NAME: GREGORY**

CONTACT ADDRESS 33 King Ecgbert Road, Dore, Sheffield, South Yorkshire

UNITED KINGDOM **POSTCODE: S17 3QR TEL: 07808 727572 FAX: N/A**

EMAIL: Greg@BreatheMedical.co.uk

RESEARCH/CLINICAL INTERESTS (Up to 5 key words, eg, insomnia, OSA, RLS etc)

OSA	Dental Sleep Medicine	PSG
Sleep Technology/ Technologists		

ADDITIONAL INFORMATION FOR THE BSS MEMBERSHIP DATABASE

(No information will be passed onto a third party without prior permission)

DEPARTMENT NAME:

POST HELD: Clinician (medically qualified) Scientist Technologist Psychologist

Other (please specify ie, academic, nurse) **Dental Surgeon**

FACILITY TYPE: Hospital: University: Other: (Please specify) **Private Clinic**

Please choose one or more boxes which best describes your facility:

Clinical Clinical Research Research Education

AREAS OF SPECIAL INTEREST: (max 30 words)

.....
.....

Please tick if you currently work for/ are part of a commercial entity which is related to sleep medicine?

EMAIL GROUPS: (for those without email addresses we can set up fax groups)

If you would like to receive information via email **please tick** any of the groups below. Please note **we will not give** your email address to any contacts, we will ask you to contact them direct or for you to contact the BSS Office to contact them on your behalf.

All Information Insomnia OSA/RLS Media Education Paediatrics

Payment: (Please indicate method of payment) New Application/Renewal on 1st April each year (£25 per annum)
New applications only received after 1 October (£15) then from 1 April £25

- By **Bank Transfer** – Sort Code: 20-90-91 A/C: 80330035 'British Sleep Society'
- Cheque** in the sum of £25.00 made payable to the 'British Sleep Society' and returned with this form to the **above** address.
- Card: Please call for this info**

Name on Card:	
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Start Date (Switch/Maestro only):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Security Number:	<input type="text"/> <input type="text"/> <input type="text"/>

SIGNATURE:

DATE: 25 FEB 2016



Please complete in block capitals

First Name: DR SUZANNE KILBY First Name: DR SUZANNE KILBY

Current Address: 33 King Edward Road, Liffeld, South Yorkshire

Postcode: WF17 7QR Tel: 01937 53277 Fax: Email: s.kilby@rosh.nhs.uk

Area	Specialist	Other
Research/Clinical Interests (Please tick appropriate boxes)	<input type="checkbox"/> Sleep Technology <input type="checkbox"/> Sleep Medicine <input type="checkbox"/> Sleep Physiology	<input type="checkbox"/> Sleep Psychology <input type="checkbox"/> Sleep Pathology <input type="checkbox"/> Sleep Physiology

Application Information for the BSS Membership Database (This information will be used to update your record and is confidential)

Department Name:

Post Held: Clinical (medically qualified), Academic, Technological, Psychological, Other (please specify in covering letter)

Facility Type: Hospital, University, Other Private Practice Clinic
Please choose one or more boxes which best describe your facility.

Areas of Special Interest (tick as relevant): Clinical, Clinical Research, Research, Education

Please tick if you currently work for, or are part of a commercial entity which is related to sleep medicine:

EMAIL GROUP: For those relevant email addresses we will set up a group. If you would like to receive information via email please tick any of the groups below. Please note we will not give your email address to any contacts. We will ask you to contact them direct or for you to contact the BSS Office to contact them on your behalf.

All information: Respiration, CVA/MS, Media, Education, Paediatrics

Payment: Please indicate the method of payment. New Application (Renewal on 1st April each year) £25 per annum. First Applications only (initial start) £35; thereafter £15

- By Bank Transfer - Bank of England (Account No: 20330578, British Sleep Society)
- Cheque for the sum of £25.00 made payable to 'British Sleep Society' and returned with this form to the above address.
- Card Payment (please attach card)

Name on Card	
Card Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Start Date (MM/YY)	MM/YY
Security Code	XXX

Signature: Date: 22 Feb 2019