

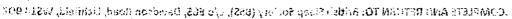
APPLICATION FOR MEMBERSHIP 2016/17

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 33 King Ecgbert Road, Dore, Sheffield, South Yorkshire CONTACT ADDRESS UNITED KINGDOM POSTCODE: S173QR TEL: 07808 727572 FAX: N/A EMAIL: Greg@BreatheMedical.co.uk RESEARCH/CLINICAL INTERESTS (Up to 5 key words, eg, insomnia, OSA, RLS etc) **PSG OSA Dental Sleep Medicine** Sleep Technology/ Technologists ADDITIONAL INFORMATION FOR THE BSS MEMBERSHIP DATABASE (No information will be passed onto a third party without prior permission) **DEPARTMENT NAME:** Technologist Psychologist POST HELD: Clinician (medically qualified) Scientist **Dental Surgeon** Other (please specify ie, academic, nurse) University: (Please specify) Private Clinic Other: FACILITY TYPE: Hospital: Please choose one or more boxes which best describes your facility: Clinical Research Research Education Clinical X 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 Education Paediatrics All Information Insomnia OSA/RLS Media New Application/Renewal on 1st April each year (£25 per annum) Payment: (Please indicate method of payment) 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: Start Date (Switch/Maestro only): Security Number:

SIGNATURE: Va y DATE: 25 FEB 2016

APPLICATION FOR IMPERSISES 2016/17





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