



# IRISH SLEEP SOCIETY

Cumann Codhladh na hÉireann

## **APPLICATION FOR MEMBERSHIP 2007**

***\*IF NOT ATTENDING THE AGM\****

NAME : \_\_\_\_\_

ADDRESS : (Work): \_\_\_\_\_

\_\_\_\_\_

Address for correspondence if different: \_\_\_\_\_

\_\_\_\_\_

**Profession/Discipline:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone No: (Daytime): \_\_\_\_\_

Phone No (Mobile): \_\_\_\_\_

Full Membership

Student Membership

**(Please enclose payment of €20 for Full membership and €10 for Student)**

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**OFFICE USE ONLY :**

**Payment Method:** \_\_\_\_\_

**Membership number:** \_\_\_\_\_ **Valid until:** \_\_\_\_\_

Return to: Geraldine Nolan  
Respiratory Sleep Disorders Unit  
St Vincent's University Hospital  
Elm Park, Dublin 4

**Cheque /postal order made payable to ISS accepted only**