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MEMBERSHIP INFORMATION

The Australasian Sleep Association is the peak scientific body in Australia and New Zealand representing clinicians, scientists and researchers in the broad area of Sleep. Its many functions include the organization of domestic and international scientific meetings, as well as acting in an advisory capacity to government and industry. The ASA is affiliated with the World Federation of Sleep Research & Sleep Medicine Societies.

Other important functions include drawing up standards and overseeing training in the area of clinical sleep medicine as well providing quality assurance through credentialing of sleep laboratories.

The Executive of the Association is made up of duly elected members nominated for a two-year term to oversee the various activities undertaken by members and affiliates. A permanent Executive Officer oversees all office activities and coordinates and implements the decisions taken by the Executive on behalf of the members.

Membership rates are very reasonable and are in keeping with other similar domestic and international bodies. Reduced membership rates are available for Associate members, Student members and Retired members. Sustaining membership is available for industry employees. All members receive the newsletter of the ASA and regular updates regarding impending meetings.

Full Member applications must be nominated and seconded by current Full or Emeritus Members. Student Membership must be supported by the applicants supervisor.

The ASA now has six Special Interest Groups, Chronobiology, Respiratory, Orofacial, Paediatric, Insomnia & Sleep Health, and Neurology. All members are encouraged to join at least one of these.

For further information please contact Ms. Stephanie Blower Executive Officer of the ASA as per the details of this letterhead.

David Hillman
President

MEMBERSHIP CATEGORIES

Emeritus: An Honorary Membership given to person who has made a notable contribution to sleep research or the understanding, treatment or practice of sleep medicine. Admission by recommendation of the Management Committee, approved by AGM

Full Member: Open to all persons involved in sleep research or management of sleep disorders provided such persons are:

A medical practitioner, psychologist, scientist or other health professional who has graduated from a university and who has received appropriate postgraduate training and qualifications in sleep medicine, sleep research or related fields.

Any person who in the opinion of the Management Committee has made a worthwhile contribution to the study or practice of sleep medicine, sleep research or related fields.

Associate: Any medical practitioner or other suitably qualified person who is interested in sleep medicine or sleep research.

Student: Any undergraduate or postgraduate student of a university, centre of tertiary education, or learned college who is undertaking full-time training or studies in sleep medicine, sleep research or related fields. You will need to be enrolled in a recognised Tertiary Institution, and your supervisor will need to sign you off as a student, to be entitled to student membership. A student shall become an ordinary member once the requirements to become an Ordinary or Associate have been reached. Advanced Trainees (i.e. those Physicians who are training to be Sleep Physicians on the job) can join as an Associate Member – they are **NOT** classified as students.

Sustaining: Sustaining members shall be representatives of companies or businesses which have a commercial interest in the broad field of sleep and sleep disorders, and who have shown interest in the ASA, who wish to support the objects of the Association and who are approved by the Management Committee.

Retired: A person in the categories of Ordinary or Associate as above may make application to the Secretary to be transferred to this category on retirement.

Associate, Student, Retired and Sustaining members have all the rights and privileges of ordinary members, except that they may not exercise any voting rights, or be eligible for election to offices in ASA.

Application for Student Membership must include proof of student status, photocopy of student card, or letter from supervisor.



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APPLICATION FOR MEMBERSHIP

- MEMBERSHIP GRADE APPLIED FOR:
- | | | |
|---|------------------------|-----------------|
| <input type="checkbox"/> Full Member | \$200.00 + GST \$20.00 | \$220.00 |
| (must be nominated and seconded by current full member) | | |
| <input type="checkbox"/> Associate | \$100.00 + GST \$10.00 | \$110.00 |
| <input type="checkbox"/> Student | \$50.00 + GST \$5.00 | \$55.00 |
| (must be supported by Supervisor) | | |
| <input type="checkbox"/> Sustaining | \$200.00 + GST \$20.00 | \$220.00 |
| <input type="checkbox"/> Retired | \$100.00 + GST \$10.00 | \$110.00 |
| <input type="checkbox"/> Upgrade to Full Member | | |
| (must be nominated and seconded by current full member) | | |

See separate sheet for criteria

Title (Prof/Dr/Mr/Mrs/Ms): _____ Surname: _____

First Name(s) _____

Postal Address: _____

State: _____ Postcode: _____ Country: _____

Telephone: Business: (____) _____ Mobile (____) _____

Facsimile: ... (____) _____ E-mail: _____

ALL APPLICANTS MUST COMPLETE THE REVERSE OF THIS FORM

FINANCIAL DETAILS

I wish to pay by Cheque Credit Card

CREDIT CARD PAYMENT

Please debit my Credit Card for the total of \$ _____

Credit Card: (Please tick): Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Cardholder's Name: _____ Signature: _____

Name:

Qualifications*:

Institutional Affiliation(s)*

Experience/Research in the field of Sleep Health and or Sleep Science*

Current Position, with relevance to Sleep Health and or Sleep Science*

Professional Development Courses/Conferences attended over past 5 years

Particular area(s) of interest (e.g. respiratory disturbances in sleep, insomnia etc)*

FOR FULL MEMBERS ONLY
Proposers and Seconders MUST be Full or Emeritus Members

Proposed by: _____ Seconded by: _____
(Please Print) (Please Print)

Signature: _____ Signature: _____

FOR STUDENT MEMBERS ONLY

I support this application for student membership

Supervisor: _____ Signature: _____
(Please Print) (Please Print)

Qualification student is studying for: _____

For Office Use Only

Approved by Secretary: _____ Membership Number: _____

Receipt Number: _____ Date: _____

Accepted to Membership by Executive: _____

*** MUST BE COMPLETED**