

Georgia Association of Sleep Professionals

Membership Application

MEMBER CATEGORY (check one)

FACILITY - AASM Accredited Sleep Centers or Labs, membership includes 2 voting individuals

- Founder Facility Member* \$1000
 Facility Member \$500 / yr (*amt of dues for Facility Founder Members after 2009)

CLINICIAN - Physician, Dentist, PhD, RN, PA, ARNP, LPN, MA

- Founder Clinician * \$200
 Clinician Member \$75 / yr (*amt of dues for Clinician Founder Members after 2009)

TECHNICAL - RPSGT, Non-RPSGT, RRT, CRT, R.EEG.T.EEG.T.

- Founder Technical Member* \$200
 Technical Member \$35 / yr (*amt of dues for Technical Founder Members after 2009)

ASSOCIATE - Individuals with an interest in sleep medicine, non-voting members

- Associate Member \$20 / yr

*Founder memberships will be accepted through January 10, 2009. All amounts above will carry your membership through December 31, 2009.

Name **Req.:** _____ Credentials: _____

Email address **Req.:** _____ Tel: _____

Name: _____ Credentials: _____

Second voting Member - only complete if applying for Facility Membership

Email address: _____ Tel: _____

Facility/Practice/Hospital: _____

Mailing Address **Req.:** _____
Street City State Zip

Fax **Req.:** _____ Website: _____

Medical Director: _____ Credentials: _____

Email address: _____ Tel: _____

Technical/Administrative Director: _____ Credentials: _____

Email address: _____ Tel: _____

I would be interested in getting involved with GASP (serve as an officer, director or on a committee) (*GASP Technical members that wish to be an officer or director must also be a member of the AAST*)

PAYMENT

- Check enclosed, made payable to GASP
 Master Card
 Visa
 AMEX

Card # _____ Expiration Date _____

Billing Address _____

Please return this form with check or credit card info to:

GASP
6134 Poplar Bluff Circle, Suite 101
Norcross, GA 30092
305-422-3327 fax, 770-613-0932 tel
www.gasleep.org

Tax ID # **xx-xxxxxx**

Questions? Please contact Maryann McGrail at maryann@theassociationcompany or 404-310-5866

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