

**MEMBERSHIP APPLICATION FORM**  
**ASIAN SLEEP RESEARCH SOCIETY**

I am interested in becoming a member of the ASRS

I declare by this that I shall respect the bylaws of the society as they have been stipulated.

Name: .....

Address: .....

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City: ..... State: ..... Zip Code: .....

Country: .....

Telephone: .....

Fax: .....

E-Mail Address: .....

My main interest in Sleep is: .....

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(Please mail the application form to Secretary General of ASRS)