



Associate Society Membership Criteria

1. Society must have been active for at least 1 year.
2. Members must be professionals working in the fields of sleep medicine, sleep health or sleep science.
3. The society must be either:
 - i.) A national society registered (incorporated) with the national government and be governed by bylaws or a Constitution.

OR

 - ii.) A regional or local society with a governing board and a minimum of 50 members, this to be at the discretion of the *House of Delegates*.
4. Society must be nominated by a current World Sleep Society Associate Society Member.
[A complete list of Society Members is available on our website.](#)



Associate Society Membership Application Instructions

January 1st to December 31, 2018

SECTION 1: CONTACT INFORMATION

Provide the name and contact information of the organization (address, phone number, fax number, website address and email address). Also include the name, telephone number and email address of at least one contact person.

SECTION 2: ELIGIBILITY REQUIREMENTS

Answer all questions to verify that your organization meets the minimum eligibility requirements of Associate Society Membership.

SECTION 3: ABOUT YOUR ORGANIZATION

Briefly describe your organization, including its mission, purpose, values and goals.

SECTION 4: ACTIVITIES AND ACCOMPLISHMENTS

Describe the activities and/or programs your organization has conducted in the last 12 months. Please include details of your organization's accomplishments.

SECTION 5: SOCIETY TERMS OF AGREEMENT

Please review the terms of agreement and select one of the three options. There is no financial cost for options 1 and 2.

HOW TO SUBMIT YOUR SOCIETY MEMBERSHIP APPLICATION

1. Type all responses to each section in the application.
2. Save a copy for your records.
3. Submit your Associate Society Membership application file by email to:
dewink@worldsleepsociety.org



Associate Society Membership Application

INSTRUCTIONS: Please complete **all** sections of the application form. Refer to the instruction guide on the previous page for clarification on information expected for each question. You may also email specific questions to: dewink@worldsleepsociety.org.

SECTION 1: CONTACT INFORMATION

Organization Name: _____

Street Address: _____

City: _____ State / Territory: _____ Postcode: _____

Country or Region: _____

Telephone: _____ Fax Number: _____

Email: _____ Website: _____

Contact Person Name: _____

Telephone: _____ Email: _____

SECTION 2: ELIGIBILITY REQUIREMENTS

1. Has your organization been active for at least 1 year? Yes No

Date of formation: _____

2. Does your organization's membership consist of professionals working in the fields of sleep medicine, sleep health or sleep science? Yes No

3. Is your organization ONE of the following:

I.) A national society registered (incorporated) with the national government and governed by bylaws or a constitution?

Yes No

II.) A regional or local society with a governing board and a minimum of 50 members? Yes No

4. You **must have an endorsement** from a current World Sleep Society member. Which Associate Society Member is nominating or endorsing your organization?

Name & Email _____



SECTION 3: ABOUT YOUR ORGANIZATION:

Describe your organization:

SECTION 4: ACTIVITIES AND ACCOMPLISHMENTS

Describe the past and present activities and accomplishments of your organization:



SECTION 5: TERMS OF AGREEMENT

Please select **ONE** of the following options. There is **NO financial cost** for options 1 and 2:

Upon approval of this application, I agree to:

Option 1 : Provide World Sleep Society with a list of our society members (including name, address, and email). World Sleep Society will communicate directly to your society members with instructions on how to access *Sleep Medicine* and obtain the discounted World Sleep Society membership. Society Members will receive regular email updates related to the World Sleep Society happenings and the World Sleep 2017 Congress. World Sleep Society does not sell, distribute or release names or email addresses to 3rd parties.

Option 2 : Promote World Sleep Society to our society members on a monthly basis. World Sleep Society will provide a monthly email to be forwarded from you to your society members. Emails will contain information related to the congress, individual membership, access to *Sleep Medicine* and other member benefits.

Option 3 : Pay an annual Associate Society Membership fee of \$2,500.

Submit your Associate Society Membership application file by email to:

dewink@worldsleepsociety.org