

Membership application

Name _____ Surname _____ Title _____

Phone _____ Email _____

City _____ Country _____

Address _____ Postal code _____

Membership

- I prefer affiliated membership (you can choose this membership if you are already a member of an affiliated National Society: BSDSM, SIMSO, SEMDES, NVTS, SFMDS Australasian Sleep Association, SIMODS) € 0
- I request an upgrade from affiliated membership to full membership (you can choose this membership if you are already an affiliated member, but you want to gain identical rights of a full member) € 85
- I request a full membership (including online access to Sleep & Breathing, right to become a Board member) € 150
- I request student membership (for undergraduate and postgraduate students: including online access to Sleep & Breathing) € 95

Please select your National Society:

(AADSM / BSDSM / DGZS / NVTS /SEMDES / SIMSO / iBEDSMA /none/other)

The payment of the membership shall be made by a bank transfer using the IBAN - DE87 7116 0000 0002 1287 05.

BIC -GEN0DEF1VRR

Please send to info@eadsm.eu the fulfilled membership application and the payment receipt.