

**WEST VIRGINIA SLEEP SOCIETY  
MEMBERSHIP APPLICATION**

<b>NAME:</b>				
<b>ADDRESS:</b>				
<b>CITY/STATE/ZIP:</b>				
<b>TELEPHONE:</b>	<i>Day</i>	<i>Evening</i>		
<b>E-MAIL (please print):</b>				
<b>CREDENTIALS:</b>	DABSM	MD	DO	PhD
	RPSGT	RRT	REEGT	OTHER

To receive the latest information via e-mail about upcoming programs and services please read and sign the following required statement:

I agree on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ to receive newsletters, notices, advertisements, announcements, brochures, invoices and other information from the West Virginia Sleep Society and it's representatives via facsimile and/or e-mail. My express permission to e-mail me such notices, invoices and other information will continue and have no date of expiration. I understand that the contact information I provide will be available to others for routine communication.

\_\_\_\_\_  
Signature

Membership fee: \$50 per year  
Additional donation enclosed: \_\_\_\_\_

Please make check payable to: West Virginia Sleep Society

Mail to: West Virginia Sleep Society  
c/o Martha DiGiovine  
West Virginia University Hospitals  
PO Box 8022  
Morgantown, WV 26506

I would like to join a committee. Please contact me.  
Specific interests: \_\_\_\_\_

*For additional information contact  
Martha DiGiovine: digiovinem@wvuhealthcare.com*