

Louisiana Academy of Sleep Medicine
Organizational Membership Application

Please provide all of the requested information.

New Member Renewal Membership

Organization/Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name: _____

Fax: (_____) _____

Telephone: (_____) _____ Email address: _____

Web site: _____

Individual Membership (assigned by Institution):

Name _____

Degree(s)—Please Circle

1. MD 2. PhD 3. RPSGT 4. DO 5. DDS 6. Other _____

Address _____

City _____ State _____ Zip _____

Email address: _____ Cell phone: (_____) _____

Organizational membership includes the following:

1. Membership in the LASM for one individual, designated by the institution, and approved by the LASM membership committee.
2. Listing on the LASM membership roster and website.
3. Sleep related job posting on the LASM webpage.
4. Quarterly newsletter from the LASM.

All of this is furnished to the organization at no charge with a paid membership.

Mail application and check or money order for \$200.00 to:

LASM, PO BOX 10185, New Orleans, LA 70181

Office Use Only

Date Rec'ed _____

Amount: _____

Received by: _____

Date: _____

Forward to: _____

Date: _____

New Membership Pack Mailed _____

Date and Initials: _____