



Membership Application Form

Hereby I apply for membership at the ISSTA. I will pay my annual dues according to my membership category.

Title (Prof., Dr., Mr., Mrs...): _____

Degree (Ph.D., M.D., D.O., D.D.S., M.S., M.A., B.S, B.A., ...etc.)

First name: _____

Family name: _____

Institute: _____

Full postal address:

Phone Number:

Mobile : _____ Institute: _____

Fax Number: _____

Email: _____

Membership Category:

The annual dues are set by the board of the society. Current membership fees are specified below.

Regular member, full voting privileges (50 Euro/year)

Student member, no voting privileges (20 Euro/year)

Affiliate member society, no voting privileges (100 Euro/year)

If you apply for affiliate member society, please state the name and address of the affiliate member society:

BERLIN:

Luisenstrasse 55, 10117 Berlin, Germany

TEL: +49-30-450513013 FAX: +49-30-450513906

(W) www.issta-sleep.org

(E) secretariat@issta-sleep.org

Affiliate industry, no voting privileges (100 Euro/year)

If you apply for affiliate industry, please state the name and address of the affiliate industry:

ISSTA Account Information:

I. Wiring the fee:

Account name: ISSTA e.V. Account number: 0381400 00

Bank name: Deutsche Bank

Bank address: Deutsche Bank, Unter den Linden 13, 10117 Berlin, Germany

Bank sorting code (BLZ): 100 701 24

For international transactions:

IBAN: DE59 1007 0124 0038 1400 00

SWIFT / BIC: DEUTDEDB101

II. Using PayPal on ISSTA website: currently un-available

Date and place: _____

Signature _____

Please send or e-mail the completed and signed form with the copy of the remittance for annual membership due to 1, 2, or 3.:

1. **Membership Vice-President**, Professor **Thomas Penzel**, Ph.D.

Fax: +49 30 450513904

Email: thomas.penzel@charite.de

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Luisenstrasse 55, 10117 Berlin, Germany

TEL: +49-30-450513013 FAX: +49-30-450513906

2. Secretary General: Professor *Ofer Jacobowitz, MD PhD*
ofer@nysleepsurgeon.com

3. Secretariat of ISSTA: Mr. Harald Overa
Email: overaha@plu.edu

Date received (by ISSTA): _____

Approved or Rejected

Reason for decision:

Signature by BoDs:

Date for decision (by ISSTA BoD): _____

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