

SE/SW Regional Association of Polysomnographic Technologists Membership Application

(Please Print)

Name: _____

Home Address:

City _____ State: _____ Zip: _____

Phone (_____) _____ Fax: (_____) _____

Business Address:

City: _____ State: _____ Zip: _____

E-Mail:

Send Correspondence to : _____ Home _____ Business

Sponsored by:

Annual membership dues are \$25.00 from one annual meeting to the next meeting.

We now accept Credit Cards for payment

Credit Card Number:

Expiration Date: _____ CCV Code (3 digit code from back of card): _____

*If paying by check or money order, please make it payable to: **SE/SW RAPT***

Members will receive the regional newsletter, reduced conference fees, membership card, and voting privileges in the SE/SW RAPT.

Please mail membership application with payment to the following address:

Charmaine Wilson, RPSGT
5646 Carisbrooke Lane
Portsmouth, VA 23703

Optional Demographic Data:

Years employed in sleep medicine: _____ RPSGT: _____ Yes _____ No

Professional experience:

Other professional memberships:

Types of studies performed regularly:

***The Revenue Act of 1987 requires the following statement to be published.
"Membership dues are not deductible as charitable contributions." However, duties may be deducted as a business expense.***