

Application Form for the Membership of the  
**Sleep Remedies Association**

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phones \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Post Code \_\_\_\_\_ Country \_\_\_\_\_

Web Site \_\_\_\_\_ email \_\_\_\_\_

Do you wish to be on a list of members open to the public? Yes  No

Do you wish to receive regular emails and mailers? Yes  No

Do you wish to participate in Internet polling on matters of interest to members? Yes  No

Do you wish to participate in managing and promoting the SRA? Yes  No

Describe your business and add any comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to pay my membership fee of Aus. \$100 to December 2007

Amex  Visa  MasterCard  Cheque

Name \_\_\_\_\_ Credit Card number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**I have read and subscribe to the ethical standards of the SRA**

Name (printed) \_\_\_\_\_ Signed \_\_\_\_\_

Please post completed application forms to Bernhard Kirschner, c/o Sleep Apnea Shop Pty Ltd

Ground floor, 173 Pacific Hwy, North Sydney NSW 2060, Australia or Fax to (02) 9922 4801

Please email your logo to [brk@sra.com.au](mailto:brk@sra.com.au) if you wish to have it appear on the website.

Does your organisation: (The Following is optional)

Sell ResMed CPAP products yes  no  Part of / Is a pharmacy yes  no

Sell Respirationics CPAP products yes  no  Only sell OSA remedies yes  no

Sell Fisher & Paykel CPAP products yes  no  Sell MAS products yes  no

Sell Puritan Bennett CPAP products yes  no

Have a Special Fitting Room yes  no

Information to describe your organisation on the SRA web site

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