

Dakota Sleep Society

Date

Name

Occupation/Degree

Organization

Member Information

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code



Please email completed forms to:
Dakotasleepsociety@gmail.com or
mail to Dakota Sleep Society
c/o Dakota Medical Foundation
4141 28th Ave S Fargo, ND 58104

Membership Category

§ Physician: \$50.00

§ Technologist: \$25.00

§ PA/NP/APRN: \$25.00

§ Affiliate/Student: \$10.00

