



REQUEST FOR CHANGE IN MEMBERSHIP CLASS

1. Please print or type. Read descriptions of the membership classes.
2. Obtain endorsement(s), if required. Mail or fax the completed form to HFES.

Membership Class Information

Member: Anyone who has an approved bachelor's degree and five years of full-time experience in human factors/ergonomics. Academic experience may be substituted in part for work experience up to a total of four years, depending on the degree and major. Requires two endorsements by full Members of the Society.

Associate: Anyone who has an approved bachelor's degree and is employed in the human factors/ergonomics field but who does not qualify for Member status. Requires one endorsement by a full Member of the Society. Associates may serve on appointed committees and are entitled to all member benefits and privileges; however, they may not vote, hold office, or represent themselves as full Members of the Society.

Affiliate: Anyone who is interested in human factors but who does not qualify for Member, Associate, or Student Affiliate status.

NAME: _____ **MEMBER ID** _____

MEMBERSHIP CLASS		
Check Class Requested:	Member	Associate

HUMAN FACTORS/ERGONOMICS EXPERIENCE	
Give a description of your human factors/ergonomics work experience. Start with you most recent experience.	
Job Title:	Description:
Organization:	
Location:	
From-To: (Mo./Yr.)	
Job Title:	Description:
Organization:	
Location:	
From-To: (Mo.-Yr.)	
Job Title:	Description:
Organization:	
Location:	
From-To: (Mo.-Yr.)	
Attach additional information on a separate sheet if necessary	

ACADEMIC BACKGROUND (Most recent first. Please list only regionally accredited institutions.)						
Degree	Year	Major	Minor	Name, location of university or college attended	From Mo./Yr.	To Mo./Yr.

ENDORSEMENTS		
Endorsers must be full Members of the Society (not Associates, Affiliates, or Student Affiliates). Applicants for full Member status require two endorsements; applicants for Associate status require one endorsement.		
FIRST ENDORSER How long have you known the applicant?		
To your knowledge, how many years of full-time (or equivalent) human factors/ ergonomics work experience does the applicant have?		
Endorser's Name (Please print)	Endorser's Signature	Date
Mailing Address	Phone	
SECOND ENDORSER How long have you known the applicant?		
To your knowledge, how many years of full-time (or equivalent) human factors/ergonomics work experience does the applicant have?		
Endorser's Name (Please print)	Endorser's Signature	Date
Mailing Address	Phone	

SIGNATURE	
I hereby submit this application and any necessary supporting documentation for evaluation by the Human Factors and Ergonomics Society. I understand that I may not be accepted in the membership class I have requested, but I can resubmit my application for reclassification if I desire.	
Signature of Applicant _____	Date _____