



Application for Change in Membership Category

1. Please print or type. Read descriptions of the membership categories.
2. Mail or fax the completed form to HFES.

Membership Categories Information

Full Member: Any person who has a bachelor's degree from a regionally accredited institution and five full-time years of applicable experience in human factors work. Appropriate academic degrees beyond the bachelor's degree may be substituted in part for work experience up to a total of four years,

Associate: Any person one who has two years of full-time, relevant experience in the human factors/ergonomics field and is active in the human factors field. 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: Any person who is interested in human factors but who does not qualify for Full Member or Associate status.

NAME: _____ MEMBER ID _____

MEMBERSHIP CATEGORY		
Check Category Requested:	<input type="checkbox"/> Full Member	<input type="checkbox"/> Associate

HUMAN FACTORS/ERGONOMICS EXPERIENCE	
Give a description of your human factors/ergonomics work experience. Start with your most recent experience.	
Job Title:	Description:
Organization:	
Location:	
From-To: (Mo./Yr.)	
Job Title:	
Organization:	
Location:	
From-To: (Mo.-Yr.)	
Job Title:	
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.

SIGNATURE

Signature of Applicant _____ Date _____