



Human Factors and Ergonomics Society

P.O. Box 1369 Santa Monica, CA 90406-1369 USA
 310/394-1811 FAX 310/394-2410 <http://hfes.org>

Application for Membership

- Memberships are for calendar year, January 1 to December 31. Members joining prior to November 1 receive all publications for the current year. Members who join after November 1 begin to receive publications immediately and do not need to renew until the end of the following year. (No back publications are sent). See benefits of membership at <http://hfes.org>.
- Please print or type. Read descriptions of the membership classes below. Check the membership class you are requesting, and then complete the other sections listed for that class.
- Sign and submit the completed form with the appropriate fee and dues. Mail the completed form and fees, if paid by check/money order, to: HFES, P.O. Box 1369, Santa Monica, CA 90406-1369, USA

Membership Categories			
Check Category Requested:	<input type="checkbox"/> Full Member	<input type="checkbox"/> Associate	<input type="checkbox"/> Affiliate
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.		
Affiliate *	Any person who is interested in human factors but who does not qualify for Full Member or Associate status.		
* Associates and Affiliates may serve on appointed committees and are entitled to publications and discounts but may not vote, hold office, or represent themselves as Full Members of the Society.			

Personal Data			
Indicate preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name	Middle Initial Last Name
Home Address	Number, Street/P.O. Box		Apartment # Home Phone ()
	City	State	Nine-digit ZIP or Postal Code Country
Business Address	Title and Department		
	Business Name/Division		Work Phone ()
	Number, Street/P.O. Box		Extension
	City	State	Nine-digit ZIP or Postal Code Country
	FAX Number ()	E-mail Address	Web site

Publications Delivery Preference (Please check ONE option)			
<i>Human Factors</i> (Journal)	<input type="checkbox"/> Print (no cost)	<input type="checkbox"/> Online (no cost)	<input type="checkbox"/> Print <u>plus</u> Online (add \$50 in Fees section on back page)
<i>Ergonomics in Design</i>	<input type="checkbox"/> Print (no cost)	<input type="checkbox"/> Online (no cost)	<input type="checkbox"/> Print <u>plus</u> Online (add \$30 in Fees section on back page)

Academic Background					
(Most recent first. Please list only regionally accredited institutions.)					
Degree	Year Graduated	Major (Do not abbreviate)	Name, location of university or college attended	From Mo./Yr.	To Mo./Yr.

