

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



Received _____	MEM <input type="checkbox"/> M
Notified _____	ASSOC <input type="checkbox"/> A
Amt Pd. _____	AFFIL <input type="checkbox"/> I

Application for Membership

- Memberships are for calendar year, January 1 to December 31. Members joining prior to October 1 receive all publications for the current year. Members who join after October 1 begin to receive publications immediately and do not need to renew until the end of the following year. (No back publications are sent.)
- Please print or type. Read descriptions of the membership classes below. Check the membership class you are requesting, 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

Preferred Delivery of <i>Human Factors</i> , the Journal of HFES (Please check ONE option)	
<input type="checkbox"/> Print <u>only</u> (Benefit of membership)	<input type="checkbox"/> On-line <u>only</u> (Benefit of membership – E-mail address required)
If no preference is checked above, the default is the On-Line Journal <input type="checkbox"/> Print <u>and</u> On-line (add \$90 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.

Human Factors/Ergonomics Experience

Start with most recent experience. Attach additional information on a separate sheet if necessary.

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.)	

Optional: Please Check Those Technical Groups to Which You Wish To Belong:

<ul style="list-style-type: none"> • Aerospace Systems AS <input type="checkbox"/> \$6.00 • Aging A <input type="checkbox"/> \$5.00 • Cognitive Engineering and Decision Making CE <input type="checkbox"/> \$6.00 • Communications C <input type="checkbox"/> \$6.00 • Computer Systems CS <input type="checkbox"/> \$6.00 • Education E <input type="checkbox"/> \$4.00 • Environmental Design ED <input type="checkbox"/> \$3.00 • Forensics Professional FP <input type="checkbox"/> \$5.00 • Health Care HC <input type="checkbox"/> \$4.00 • Human Performance Modeling HP <input type="checkbox"/> \$5.00 • Individual Differences in Performance ID <input type="checkbox"/> \$4.00 	<ul style="list-style-type: none"> • Industrial Ergonomics IE <input type="checkbox"/> \$4.00 • Internet I <input type="checkbox"/> \$0 • Macroergonomics ME <input type="checkbox"/> \$5.00 • Perception and Performance PP <input type="checkbox"/> \$5.00 • Product Design PD <input type="checkbox"/> \$6.00 • Safety S <input type="checkbox"/> \$6.00 • Surface Transportation ST <input type="checkbox"/> \$5.00 • System Development SD <input type="checkbox"/> \$5.00 • Test and Evaluation TE <input type="checkbox"/> \$5.00 • Training T <input type="checkbox"/> \$4.00 • Virtual Environments VE <input type="checkbox"/> \$5.00
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How Did You Hear About HFES?

HFES Member _____
 Web site
 Publication
 Advertising
 Mailing
 Other (Please indicate) _____

Fees

<input type="checkbox"/> NEW MEMBERSHIP APPLICATION Annual dues (calendar year) \$185.00 Application fee 20.00 SUB TOTAL \$205.00 Technical Group Dues \$ _____ TOTAL \$ _____	<input type="checkbox"/> Print PLUS On-line journal option \$90.00 <input type="checkbox"/> IEA Member discount (15%) - \$27.00 Discount applies to members of the International Ergonomic Association (IEA) affiliated societies who reside in the country in which the society is based.
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PAYMENT METHOD:
 Check/money order Must be in U.S. dollars payable to the Human Factors and Ergonomics Society
 MasterCard VISA American Express

Credit card number _____ Name on card _____
 Exp. Date _____ Signature _____

Signature

SIGNATURE OF APPLICANT _____ DATE _____