

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 _____
Notified _____
Amt Pd. _____

APPLICATION FOR STUDENT AFFILIATE MEMBERSHIP

Student Affiliate Membership in HFES is available to anyone who is:

- Enrolled as a full-time undergraduate or graduate student in a regionally accredited college or university.
- Endorsed by one faculty member from the applicant's institution.

Membership is based on a calendar year from January through December. Included in membership are:

- *Human Factors*
- *Ergonomics in Design*
- *HFES Bulletin*
- *Directory and Yearbook*

Student members also receive discounts on annual meeting registration fees, and they are entitled to participate in all activities of the Society except that they may neither vote nor hold office.

PERSONAL DATA			
Indicate preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> College/University			
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
Institution Address	Department		
	Institution Name		Phone ()
	Number, Street/P.O. Box		Extension
	City	State	Nine-digit ZIP or Postal Code Country
	FAX Number ()	E-mail Address	Web site

STUDENT STATUS	
<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Undergraduate Major field of study: _____
Current academic load: _____ units per _____ term	
Institution's full-time academic load: _____ units per _____ term	

PREFERRED DELIVERY OF <i>HUMAN FACTORS</i> , THE JOURNAL OF HFES (Please check ONE option)	
<input type="checkbox"/> Print only (Benefit of membership)	<input type="checkbox"/> On-line only (Benefit of membership – E-mail address required)
<input type="checkbox"/> Print PLUS on-line (add \$90 in Fee section on back page – E-mail address required)	

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.

ENDORSEMENT

ENDORSER (Endorser must be a faculty member from the applicant's institution):

To your knowledge, is the applicant a full-time student as defined by your institution? Yes No

Endorser's name (please print) _____ Endorser's signature _____ Date _____

Is endorser a member of HFES? Yes No

HOW DID YOU HEAR ABOUT HFES?

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

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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FEES

<input type="checkbox"/> STUDENT MEMBERSHIP Annual dues (Jan/Dec) \$35.00 Technical Group Dues \$ _____ Print plus On-line Journal option \$ _____ TOTAL \$ _____	<input type="checkbox"/> Print PLUS On-line Journal option \$90.00
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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

I hereby submit this application and any necessary supporting documentation for evaluation by the Human Factors and Ergonomics Society.

SIGNATURE OF APPLICANT _____ DATE _____