

## Application for Associate/ Member

**Attention: Secretary of Membership Committee**

The Hong Kong Ergonomics Society  
P.O. Box No. 89527,  
Kowloon City Post Office

(Please type or print clearly)

For membership qualification, Constitutions, and Code of Professional Conduct, please visit  
<http://www.ergonomics.org.hk>

### PERSONAL PARTICULARS

**Name**

Mr / Ms / Dr / Prof

(Last Name)

(Other Names)

(Chinese Name)

**Date of Birth**

Day Month Year

**Sex**

**HKID/Passport No.**

**Correspondence Details** (Please mark "X" in the appropriate box)

**Home**

**Business**

**Address**


**Email Address**

**Tel**

**Fax**

**Mobile**

**Pager**

The information about you collected by means of this form will be used for the purpose of processing your membership application. You have the right to request access to and correction of information about you held by us. If you wish to access or correct your personal data held by us, please e-mail [webmaster@ergonomics.org.hk](mailto:webmaster@ergonomics.org.hk)

**ACADEMIC QUALIFICATION** (Please attach copies of certificates)

Qualification	University/College	Date of Award

**PROFESSIONAL QUALIFICATION** (Please attach copies of certificates)

Award (Grade/Class)	Name of Professional Institution	Date of Award

**EMPLOYMENT HISTORY**  
**(in chronological order)**

From	To	Employer / Position / Duties

*Please describe your **work experience in ergonomics** (teaching, research or application) in your present and/or past employment in the space below: (add additional pages if necessary)*

**REFEREES** (Please provide details of two referees whom you have ascertained are prepared to act on your behalf and who are able to make informed comment on the ergonomics content of your work. The relationship between the applicant and each referee must be stated.)

1.	Name: Address: Email Address: Relationship:
2.	Name: Address: Email Address: Relationship:

**TYPE OF MEMBERSHIP** (Please mark “X” in the appropriate box)  
Annual Subscription Fees are shown in brackets.

Associate (HKD 150)	Member (HKD 200)

Please pay after receiving the approval of the application.

For application of Member, please select three keywords from the enclosed list which describe your areas of competence.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DECLARATIONS**

I declare that the information given in this application is correct and complete to the best of my knowledge. If elected, I agree to abide by the Constitutions and Code of Professional Conduct of the Hong Kong Ergonomics Society.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Hong Kong Ergonomics Society

## Subject Areas

### Human

Anthropometry and Biomechanics

Anthropometry

Locomotion

Posture

Tissue Mechanics

Work Capacity

People with Special Needs

Aging

Children

Disability

Pregnancy

Physiology

Bioelectric Potential

Biorhythm

Fatigue

Motor Control

Work Physiology

Psychology & Behavioural Science

Cognition

Learning

Mental Control

Motivation

Psychomotor Skill

Sensation and Perception

Stress and Anxiety

Vigilance and Attention

### Work

Human Machine Interface

Alarm and Warning

Assistive Technology

Auditory Interface

Control and Display

Tactile Interface

Visual Interface

Task Analysis and Design

Risk Assessment

Tool and Product Design

Work Demand and Workload

Work Organisation

Culture

Organisation Design

Shiftwork

Workflow

Work Station Design

Work Space Design

Workplace Layout

### Environment

Accessible Design

Air Quality

Chemicals

Extreme Environment

Height

Lighting

Noise

Pollution

Pressure

Protective Clothing and Equipment

Radiation

Thermal Stress

Vibration