

Application for Student Membership

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

(Last Name)

(Other Names)

(Chinese Name)

Date of Birth

Day Month Year

Sex

HKID/Passport No.

Correspondence Details

Home 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

ACADEMIC QUALIFICATION (Please attach copies of certificates/student identity card of the full-time course that you are studying)

Qualification	University/College	Date of Award

Please describe your *experience in ergonomics* (studying, research or application) in your present and/or past study/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

Annual Subscription Fee is shown in brackets.

Student Member (HKD 50)

Please pay after receiving the approval of the application.

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: _____