

**Application for Emeritus Member**

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| **Please send this application form together with your HKID/Passport copy by either:**Post: The Hong Kong Ergonomics Society, P.O. Box No. 89527, Kowloon City Post Office, Hong Kong; orEmail: membership@ergonomics.org.hk. |

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

**PERSONAL PARTICULARS**

**Name**

Mr / Ms / Dr / Prof.\*

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|  |  |  |
| (Last Name) | (Other Names) | (Chinese Name) |

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| **Date of Birth** |  |  |  | Sex |  |
|  | Day | Month | Year |  |  |

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| **HKID/Passport No.** |  |

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| **Correspondence Details** (Please mark “X” in the appropriate box) |
| **Home** |  |  | **Business** |  |  |

**Address**

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| **Email Address** |  |

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| **Tel** |  |  | **Fax** |  |
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| **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 membership@ergonomics.org.hk.

**DeclarationS:**

*Please tick as appropriate:*

[ ]  I confirm that my retirement is permanent and that I will NOT be in receipt of income from employment or services provided. I will notify HKES if I recommence paid employment whether it be full or part-time. If my circumstances change and I undertake any paid employment I will notify HKES.

[ ]  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.

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| Signature of applicant: |  |  | Date: |  |