



Membership Application
Florida Space Coast Chapter Human Factors & Ergonomics Society

Name:

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|------|-------|----|--|
| | | | |
| Last | First | MI | |

Directory Information

Home Address: _____ Home Phone: _____

Mail Chapter Information to Home Address

Work Address: _____ Work Phone: _____

Mail Chapter Information to Home Address

Email Address: _____

Employer (inc Division): _____
 Position: _____

Education Background:

| Institution | Major | Degree/Year |
|-------------|-------|-------------|
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What are your specific areas of interest in Human Factors and/or Ergonomics?

Are you a member of the Human Factors & Ergonomics Society (National)? Yes No
 If Yes, Fellow Member Associate Affiliate Student

- Yes**, I would like to be included in and receive the Space Coast Chapter HF&ES Directory. I have selected the directory information boxes next to the information I want published in the Directory.
- No**, I would **NOT** like to be included in or receive the Space Coast Chapter HF&ES Directory. However, the information provided is current and can be used for notification of Chapter activities.
- Enclosed are my dues of \$25.00 for the calendar year payable to the *Space Coast Chapter – Human Factors & Ergonomics Society*

Mail to: Henry Riley
 315 Sauders Rd SE
 Palm Bay, Florida 32909-8856