

Irish Ergonomics Society



APPLICATION FOR MEMBERSHIP

1. Please print or type.
2. Read the accompanying Guidelines on Applying carefully, and read the descriptions of the membership classes.
3. Obtain endorsements as required. Sign and submit completed form with appropriate application fee and subscription. Allow up to 60 days for processing.

A MEMBERSHIP CLASS (described below)

CHECK CLASS REQUESTED

Fellow Member Associate Affiliate Student

B PERSONAL DATA

Title	First Name	Middle Name	Last Name
<input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr			
Home Address:			Home Phone:
Work Address:			Work Phone: Ext:
Fax No.:	Email Address:		
TO WHICH ADDRESS SHOULD ALL CORRESPONDENCE BE SENT?			<input type="checkbox"/> Home <input type="checkbox"/> Work

C ERGONOMICS EXPERIENCE

Give a brief description of your ergonomics work experience. Start with your most recent experience.

Job Title:	Description:	
Organisation:		
Location:	From:	To:
Job Title:	Description:	
Organisation:		
Location:	From:	To:
Job Title:	Description:	
Organisation:		
Location:	From:	To:

Attach additional information on a separate sheet if necessary

D ACADEMIC BACKGROUND (most recent first)

Degree	Year	Major	Minor	University/College Attended	From	To

Attach additional information on a separate sheet if necessary

E PUBLISHED WORK – for Member rule (c)

Date	Authors, Title, Journal, etc.

Attach additional information on a separate sheet if necessary

F ENDORSEMENTS

Endorsers should understand that, in so doing, they are also certifying that, to the best of their knowledge, all the information included in this application is accurate and complete and that, where the basis of the application is a qualification by research, the research was predominantly in the field of Ergonomics. Endorsers must be full Members of the Society (not Associate or Student). Applicants for full Member status require 2 endorsements; applicants for Associate and Affiliate status require 1 endorsement, Students require course Director endorsement,

First Endorser How long have you known the applicant? [] yrs.

To your knowledge, how many years of full-time (or equivalent) ergonomics experience does the applicant have? [] yrs.

Endorser's Name: _____

Endorser's Signature _____ Date: _____

Mailing Address: _____

Second Endorser How long have you known the applicant? [] yrs.

To your knowledge, how many years of full-time (or equivalent) ergonomics experience does the applicant have? [] yrs.

Endorser's Name: _____

Endorser's Signature _____ Date: _____

Mailing Address: _____

G SIGNATURE

I hereby submit this application and any necessary supporting documentation for evaluation by the Irish Ergonomics Society. I understand that I may not be accepted in the membership class I have requested, but that I can re submit my application for reclassification if I desire.

Signature of Applicant: _____ Date: _____

MEMBERSHIP CLASS

- FELLOW: Normally anyone who has:
- (a) Made a significant contribution to the teaching of, and/or, research in Ergonomics for 10 years, after being eligible to be a Member;
 - (b) Been a Member for at least 6 years prior to application;
 - (c) Made a substantial contribution to the activities of the Society.
- MEMBER: Anyone who has one or more of the following:
- (a) A qualification in ergonomics or a cognate subject;
 - (b) Evidence of application of ergonomics over a period of at least 2 years;
 - (c) Published not less than 2 scientific papers on topics in the field of ergonomics.
- ASSOCIATE: Anyone who is active in the ergonomics field but who does not qualify for Member status.
- AFFILIATE: Anyone who has an interest (personal or commercial) but does not qualify for Member status.
- STUDENT: Anyone enrolled in a course in ergonomics or a cognate subject.