



## Application for Fellow

Please send this application form and your supporting documents by either:

Post: P.O. Box No. 89527, Kowloon City Post Office, Hong Kong; or

Email: [secretary@ergonomics.org.hk](mailto:secretary@ergonomics.org.hk).

**Attention: Membership Committee, The Hong Kong Ergonomics Society**

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 [secretary@ergonomics.org.hk](mailto:secretary@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 **contribution in ergonomics and to the Society** (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**

- Fellow (HKD 200)

Annual Subscription Fee is shown in brackets. 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: \_\_\_\_\_