



Human Factors & Ergonomics Society  
of Australia Inc  
PO Box 7848  
BAULKHAM HILLS BC NSW 2153

PH: 02 9680 9026  
FAX: 02 9680 9027

ABN No.: 45 375 161 852

## CORPORATE MEMBERSHIP APPLICATION – 2009/2010

Corporate Member Details		Membership No.
Company Name:		
Street Address:		
		Postcode:
Postal Address: (If different from Street Address)		
		Postcode:
Phone No:	(Please include area codes)	
Fax No:		
<b>Primary Contact Person:</b>		
Postal Address:		
		Postcode:
Telephone No:	(Please include area codes)	
Mobile No:		
Work No:		
Email Address:		

**ANNUAL FEE:** (Allows for 1-3 nominated representatives) ..... \$ **555.00**

Extra fee for each additional nominated representative:..... \$ 120.00

Joint membership of special interest groups is free – please nominate/circle: **CHISIG** (Computer Human Interaction SIG); **ARASIG** (Anthropometry Resource Australia SIG); **RailSIG** (Human Factors in Rail SIG); **HealthcareSIG** (Healthcare Ergonomics SIG).

Please fill out form below with employees' details:

Nominated Representatives				
No.	Nominee	Details	SIGs	
			Please ✓	
1	Name:		ARASIG	<input type="checkbox"/>
	Address: (If different from primary address)		CHISIG	<input type="checkbox"/>
		Postcode:		RAILSIG
	Home Phone No:		HEALTHCARESIG	<input type="checkbox"/>
	Mobile No:			
	Work No:			
	Email Address:			
2	Name:		ARASIG	<input type="checkbox"/>
	Address:		CHISIG	<input type="checkbox"/>
		Postcode:		RAILSIG
	Home Phone No:		HEALTHCARESIG	<input type="checkbox"/>
	Mobile No:			
	Work No:			
	Email Address:			
3	Name:		ARASIG	<input type="checkbox"/>
	Address:		CHISIG	<input type="checkbox"/>
		Postcode:		RAILSIG
	Home Phone No:		HEALTHCARESIG	<input type="checkbox"/>
	Mobile No:			
	Work No:			
	Email Address:			

Additional members - \$120.00 including GST			
No.	Nominee	Details	SIGs Please ✓
4	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAILSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
Email Address:			
5	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAILSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
Email Address:			
6	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAILSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
Email Address:			
7	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAILSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
Email Address:			

No.	Nominee	Details	SIGs Please ✓
8	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAISIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
	Email Address:		
9	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAISIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
	Email Address:		
10	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			RAISIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		
	Mobile No:		
	Work No:		
	Email Address:		

Corporate Membership payment .....\$ 555.00

Additional representatives ..... @ \$120.00 each .....\$ .....

**TOTAL PAYMENT DUE:** .....\$ .....

**PAYMENT DETAILS:**

If paying by **cheque**, please make cheque payable to:

**The Human Factors & Ergonomics Society of Australia Inc.**

**and post to:** PO Box 7848  
BAULKHAM HILLS BC NSW 2153

If paying by **Credit Card**, please **clearly** fill in all the details below:

Please charge to my MasterCard, Visa card or Amex (*Please circle appropriate card*)

The amount of: \$.....

**Credit Card Details:**

My full card number is: .....

Expiry date: .....

Cardholder's Name: .....

Address: .....

Daytime Contact number: .....

Signature of Cardholder: .....

**and either post to above address, or fax entire form to: .....02 9680 9027**

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*Thank you for applying for membership of the HFESA*

