



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 – 2011/2012

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:		
Primary Contact Person:		
Postal Address:		
		Postcode:
Telephone No:	(Please include area codes)	
Mobile No:		
Work No:		
Email Address:		

ANNUAL FEE: (Allows for 1-3 nominated representatives)..... \$ **420.00**

Extra fee for each additional nominated representative: \$ 140.00

Joint membership of special interest groups is free – please nominate/circle: **CHISIG** (Computer Human Interaction SIG); **ARASIG** (Anthropometry Resource Australia SIG); **TransportSIG** (Human Factors in Transport SIG); **HealthSIG** (Healthcare Ergonomics SIG); **DesignSIG**, **MinSIG** (Minerals Industry SIG)

Please fill out form below with employees' details:

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

Additional members - \$140.00 including GST

No.	Nominee	Details	SIGs Please ✓
4	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			TransportSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		MinSIG <input type="checkbox"/>
	Mobile No:		DesignSIG <input type="checkbox"/>
	Work No:		
Email Address:			
5	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			TransportSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		MinSIG <input type="checkbox"/>
	Mobile No:		DesignSIG <input type="checkbox"/>
	Work No:		
Email Address:			
6	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			TransportSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		MinSIG <input type="checkbox"/>
	Mobile No:		DesignSIG <input type="checkbox"/>
	Work No:		
Email Address:			
7	Name:		ARASIG <input type="checkbox"/>
	Address:		CHISIG <input type="checkbox"/>
			TransportSIG <input type="checkbox"/>
		Postcode:	HEALTHCARESIG <input type="checkbox"/>
	Home Phone No:		MinSIG <input type="checkbox"/>
	Mobile No:		DesignSIG <input type="checkbox"/>
	Work No:		
Email Address:			

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

Corporate Membership payment..... \$ 420.00

Additional representatives @ \$140.00 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

~~~~~



*Thank you for applying for membership of the HFESA*