

New Zealand Ergonomics Society

Membership Application



Membership of the New Zealand Ergonomics Society is open to those who have an interest in ergonomics. The New Zealand Ergonomics Society financial year is from 1st April to 31st March the following year. New membership applications received after the 1st October pay only half the annual subscription. The New Zealand Ergonomics Society is not registered for GST.

Annual Membership Fees:

<i>Member category</i>	<i>Full fee</i>	<i>Discounted fee if paid by 20th May</i>
Member	\$90.00	\$80.00
Member (with income less than \$20,000)	\$40.00	\$30.00
Student member (must be enrolled as a full-time tertiary student)	\$40.00	\$30.00
Library membership (newsletter only)	\$60.00	\$50.00

Membership Category *Tick one of the following*

<input type="checkbox"/> Member	<input type="checkbox"/> Student Member
<input type="checkbox"/> Member income less than \$20,000	<input type="checkbox"/> Library Membership

Member /Student Member Details

Your preferred title? <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Nil <input type="checkbox"/> Other	
Surname:	Given/first names:
First name that you prefer to be known by:	
Home address:	Home phone:
	Home fax:
	Home mobile:
	Home email:
Occupation:	
Business name:	Business phone:
Business address:	Business fax:
	Business mobile:
	Business email:
Your Highest Qualification:	
Degree/Diploma:	Year of award:
Subject:	Awarding institution:
Second Highest Qualification:	
Degree/Diploma:	Year of award:
Subject:	Awarding institution:
Special areas of interest in ergonomics (no more than three):	
Which regional group do you wish to belong to?	
<input type="checkbox"/> Auckland <input type="checkbox"/> Palmerston North <input type="checkbox"/> Wellington <input type="checkbox"/> Christchurch <input type="checkbox"/> Dunedin	

Student Members Only – additional information:

Institution at which you are studying:	
Course:	Department:

Library Membership Details:

Name:	
Address:	Phone:
	Fax:
	Email:
Contact Person:	

Signature and Date

I wish to apply for membership of the New Zealand Ergonomics Society.

Signature: _____ Date: _____

A Membership Directory is compiled from the information each member provides. This is published annually. It is provided free to all members, and to other parties when approved by the current committee.

I agree that my details may be reproduced in the membership directory.

- Yes No

I agree that my details may be posted in the secure membership section of the NZ Ergonomics Society (www.ergonomics.org.nz).

- Yes No

Please return this form with payment to:

**The Secretary
New Zealand Ergonomics Society
P.O. Box 802
Palmerston North
New Zealand**

Office Use Only	Revised April 2003
<i>Secretary:</i> Received:	New member pack sent:
<i>Treasurer:</i> Receipted:	Banked:
Data base updated:	
Comments:	