



Western New York Chapter
of the
Human Factors and Ergonomic Society
(WNY-HFES)

20__ Membership Application and Renewal Form

Greetings Members,

As a reminder, if you have not already done so, please submit your 20__ membership dues, and please keep us informed with your most up to date contact information.

Name : _____

New Membership Application

- or -

Existing Member Information update

Email: _____

Preferred Phone: _____

Optional Phone: _____

Preferred Address: _____

City, State, Zip: _____

Employer: _____

Title Position: _____

Are you a member of the national HFES organization? Yes No

Please make checks or money order for \$15.00 payable to WNYHFES and send to:

WNYHFES - c/o Christopher Hahn

216 Knights Trail West

Rochester, NY 14624

receipt required? Yes No