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| **EACE Membership Application Form** |

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| **Procedure:**Print this form out and complete, or complete on line. Then send the completed form to the Membership Officer (address below). I apply to become a F**ull Member** / **Doctoral Student Member / Corresponding Member** (delete as necessary) of the European Association for Cognitive Ergonomics (EACE), as defined in the Association’s regulations.I agree to pay an annual subscription fee, equivalent to €40 for **Full Members, or** €20 for **Doctoral Student Members**upon receipt of an invoice from the Association’s Treasurer.**Your Details**Last name:First name and initials:Title:Date of Birth:Nationality:Home address: City: Postal Code:Country:Name of institution: Institution address: City: Postal Code:Country:Tel.:Email: Personal homepage: / Institution webpage.Highest educational degree:Year:Institution:Current post and short description of research activities (please use keywords): Signature: Date:Place of signing: Please send this form to the address below, remembering to enclose or attach: 1. An up-to-date curriculum vitae;
2. A list of relevant publications if you think these publications are not known to the Executive Committee;
3. A recommendation from two members of the Association. (If you do not know any members of EACE, the Executive Committee will itself ask for recommendations.)

**To be returned to:**Elly Lammers Vrije Universiteit AmsterdamDept. of Computer Sciencede Boelelaan 1081A1081 HV AmsterdamThe Netherlands email:  elly (at) cs.vu.nlT +31(0)20 59 87718F +31(0)20 59 87728 |