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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 Amsterdam Dept. of Computer Science de Boelelaan 1081A 1081 HV Amsterdam The Netherlands  email:  elly (at) cs.vu.nl  T +31(0)20 59 87718 F +31(0)20 59 87728 |