

Membership Application



Required Information (please print clearly)

Mr. Mrs. Ms. Dr.

Name: _____
 First Middle Last

Home Address _____

Country _____ City _____ State/Province _____

Zip/Postal Code _____

Personal E-mail _____

Organization _____

Title/Position _____

Work E-mail _____

Work Address _____

Country _____ City _____ State/Province _____

Zip/Postal Code _____

Phone -Cell (_____) _____ Phone -Work (_____) _____

Country _____

Home or Work - as primary contact address my

Check here to have your name omitted from the mailing lists we share with other organizations.

Do not publish my contact information in Online Member Directory.

Member Profile:

Degree(s) _____

Major(s) _____

College/University _____

Graduation Date _____

Gender: Male Female

Date of birth (month/day/year): _____

(Required to determine certain awards and recognition)

AES Membership Dues

Applied Ergonomics Society (AES) Professional Membership regular rate is \$204 US - (AES Organization Partner Rate - **\$79 USD**)

- Includes quarterly subscription to *IISE Transactions on Occupational Ergonomics and Human Factors* journal (digitally access)

-Includes 12 issues of ISE magazine are included with AES membership (digital access)

Technical Divisions

Thirteen free industry-specific Divisions members can be join at any time. For more information visit www.IISE.org/societiesdivisions:

- | | |
|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Operational Excellence |
| <input type="checkbox"/> Data Analytics & Information Systems | <input type="checkbox"/> Operations Research |
| <input type="checkbox"/> Energy Systems | <input type="checkbox"/> Process Industries |
| <input type="checkbox"/> Engineering Economy | <input type="checkbox"/> Quality Control & Reliability Engineering |
| <input type="checkbox"/> Logistics & Supply Chain | <input type="checkbox"/> Sustainable Development |
| <input type="checkbox"/> Manufacturing & Design | <input type="checkbox"/> Work Systems |
| <input type="checkbox"/> Modeling & Simulation | |

Total

One-Year Membership (AES Organization Partner Rate) **\$ \$79 USD**

Processing fee for first-time professional members \$ ~~15.00~~ (fee waived)

Total \$ _____

Payment (pre-payment required)

Check (payable to IISE) Payment of \$ _____ is enclosed. Check # _____

Credit Card: I authorize IISE to charge my credit card: MasterCard Visa AmEx

Credit Card # _____ Expiration date: _____

Name as it appears on card (print) _____

Authorized signature: _____ Date _____

Return this application to:

Institute of Industrial and Systems Engineers
3577 Parkway Lane, Suite 200
Norcross, GA 30092 U.S.A.

Or fax to (770) 441-3295, E-mail: cs@IISE.org.

For questions, please contact IISE Member Services at (800) 494-0460 or (770) 449-0460