



SwissErgo

Application for Ordinary Membership

1. Personal Data

Title..... (Prof/Dr/Mrs./Mr.) First name(s)..... Surname.....
 Company.....
 Home address.....
 Zip code..... City..... Canton/Country.....
 Phone..... Fax.....
 Email..... Web page.....

Preferred language: De Fr It

Gender: feminine masculine

2. Present job(s):

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3. Qualifications (e.g. Bachelor, Master):

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4. Education in ergonomics:

- University level education in ergonomics
- Ergonomics course 20 days or more
- Other:.....

5. Main domain of practice in ergonomics:

- Physical Ergonomics
- Cognitive Ergonomics
- Organisational Ergonomics
- Work Organisation
- Workplace design
- Occupational rehabilitation
- VDU Work
- Health protection and promotion
- Indoor factors (climate, air quality, noise, light)
- Human reliability
- Product design
- Software-Ergonomics

6. CREE Certification:

- Yes No

7. I offer the following services in ergonomics

- Physical Ergonomics
- Cognitive Ergonomics
- Organisational Ergonomics
- Work Organisation
- Workplace design
- Occupational rehabilitation
- VDU Work
- Health protection and promotion
- Indoor factors (climate, air quality, noise, light)
- Human reliability
- Product design
- Software-Ergonomics



SwissErgo

8. I want my personal information to be published on the Internet: Yes No

9. I want to receive the IZA publication (free of charge): Yes No

Place and Date: Signature of applicant:

Recommendation by another SwissErgo member:

Name:

Address:

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