



Membership Form

Name: _____

Nickname (optional): _____

Primary Email: _____

Web Address (optional): _____

HOME CONTACT INFORMATION

Street Address: _____

City, State: _____

Zip code: _____

Home Phone: _____ FAX: _____

BUSINESS CONTACT INFORMATION (If applicable)

Company: _____

Street Address: _____

City, State: _____

Zip code: _____

Business Phone: _____ FAX: _____

Preferred mailing address (circle one): Business Home Email-Only

Do you want to subscribe to the BACHFES Job Bank? Yes No

Interests and Expertise:

Are you a member of HFES? Yes No

Are you a member of HFES Technical Group(s)? Yes No

If "Yes", list applicable Technical Groups: _____

Annual fee for new members is \$15.00; fee for renewing members is \$10.00.

Please email this form using the button below and bring a check, payable to BACHFES, to the next meeting. Or mail the check to:

BACHFES
c/o ErgoConsult. P.O Box 1944
Cupertino, CA 95014-1944

You will receive a confirmation letter in the mail.



[BACHFES](#), c/o ErgoConsult., P.O. Box 1944 Cupertino, CA 95014-1944

Questions or comments about this site? Contact [Dave Zuverink](#), BACHFES webmaster.

Last updated: 6/22/02