

Application for Admission

Herewith I apply for membership in the ergonomics competence network ECN e.V. (Registration Number: VR 1005). The membership fee is € 80 per year.

Personal Data

Mr / Ms	
title	
name	
First name	
Date of birth	
Adress	
Street, No.	
Zip, City	
Phone	
Fax	
Mobile	
E-Mail	
Alternativ address (e.g. for students home address)	
Street, No.	
Zip, City	
Phone	
Mailing Address (to this address, the information is mailed)	
Alernate Company Address	

Professional Acitivity

Practice Areas	
Trade	
Operating since	
Company Address	
Name of Company	
Departement	
Street, No.	
Zip, City	
Phone	
Fax	
E-Mail	

Experience/Training in Ergonomics

Certification for the European Ergonomist by CREE	yes <input type="checkbox"/>

Support of association

The network lives from the active participation and ideas of its members. Can you imagine to support actively the club?

Network entry on the homepage

I want an entry on the homepage in the network. Yes <input type="checkbox"/> No <input type="checkbox"/>
Content of entry:
Can also be sent by E-Mail to: info@e-c-n.de

- I agree with the publication of data in the Member list.

Debit Authorization

I agree that from now on my membership fee is collected in the debit authorization process.

Account holder	
IBAN	
BIC	
Signature of account holder	

If you do not take part in the debit authorization method, an additional fee of 10 € will be charged.

Place / Date Signature

Please send the completed application to the following address:

ECN e.V.
Mr. Wolfgang Schneider
Otto-Lilienthal-Straße 2
88046 Friedrichshafen

Germany