****

**IABMAS Turkey Group**

# International Association for Bridge Maintenance and Safety (IABMAS)

**APPLICATION FOR COLLECTIVE MEMBERSHIP**

|  |  |
| --- | --- |
| * **NAME OF ORGANIZATION:**
 |  |

* **MAILING ADDRESS**

|  |  |
| --- | --- |
| STREET: |  |
| CITY: |  | STATE: |  |
| ZIP-CODE: |  | COUNTRY: |  |
| TEL: |  | FAX: |  |

|  |  |
| --- | --- |
| * **E-MAIL ADDRESS:**
 |  |

* **CONTACT PERSON**

|  |  |
| --- | --- |
| NAME: |  |
| TITLE (Dr., Mr., Mrs., Ms., Prof.): |  |

* **MAILING ADDRESS**

|  |  |
| --- | --- |
| STREET: |  |
| CITY: |  | STATE: |  |
| ZIP-CODE: |  | COUNTRY: |  |
| TEL: |  | FAX: |  |
| E-MAIL ADDRESS: |  |

* **ACTIVITIES COVERED BY YOUR ORGANIZATION (SHORT DESCRIPTION):**

|  |
| --- |
|  |
|  |
|  |

* **INTEREST IN IABMAS:**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| * **Signature:**
 |  | **Date:** |  |

Please complete this application and send it to info@iabmas-turkey.org