



## IABMAS Turkey Group

International Association for Bridge Maintenance and Safety (IABMAS)

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### 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):**

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• **INTEREST IN IABMAS:**

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.....  
.....

• **Signature:** ..... **Date:** .....

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Please complete this application and send it to [info@iabmas-turkey.org](mailto:info@iabmas-turkey.org)