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**IABMAS Turkey Group**

# International Association for Bridge Maintenance and Safety (IABMAS)

**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

* **NAME**

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| LAST: |  | FIRST: |  | MIDDLE INITIAL: |  |

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

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| * **EMPLOYER:** |  |

* **MAILING ADDRESS**

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

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

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| * **JOB TITLE:** |  |

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| * **CITIZENSHIP:** |  |

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| * **EDUCATIONAL BACKGROUND (DEGREE(S)):** | |  |
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* **PROFESSIONAL ACCOMPLISHMENT AND INTEREST IN AREAS OF ACTIVITY COVERED BY IABMAS (SHORT DESCRIPTION):**

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

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