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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:**
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* **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