



IABMAS Turkey Group

International Association for Bridge Maintenance and Safety (IABMAS)

APPLICATION FOR INDIVIDUAL MEMBERSHIP

• **NAME**

LAST: FIRST: MIDDLE INITIAL:

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

• **EMPLOYER:**

• **MAILING ADDRESS**

STREET:

CITY: STATE:

ZIP-CODE: COUNTRY:

TEL: FAX:

• **E-MAIL ADDRESS:**

• **JOB TITLE:**

• **CITIZENSHIP:**

• **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