

International Association for Bridge Maintenance And Safety (IABMAS)

<http://www.iabmas.org>

APPLICATION FOR INDIVIDUAL MEMBERSHIP

(This application form can be downloaded from IABMAS Homepage at <http://www.iabmas.org>)

- **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)):** _____

- **PROFESSIONAL ACCOMPLISHMENT AND INTEREST IN AREAS OF ACTIVITY COVERED BY IABMAS (SHORT DESCRIPTION):**

- **Signature:** _____ **Date:** _____

Please complete this application and send it (mail, fax, or e-mail) to:

Dr. Paulo J. S. Cruz

Executive Secretary of IABMAS

Full Professor

School of Architecture

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