

International Association for Bridge Maintenance And Safety (IABMAS)

<http://www.iabmas.org>

APPLICATION FOR COLLECTIVE MEMBERSHIP

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

- **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):**

- **INTEREST IN IABMAS:**

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

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

Dr. Paulo J. S. Cruz

Executive Secretary of IABMAS

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