International Association for Bridge Maintenance and Safety

APPLICATION FOR INDIVIDUAL MEMBERSHIP

	Name					
Please attach a recent photo	Date of Birth					
	Job					
	Tel					
	E-mail Address					
	Fax					
EDUCATIONAL BACKGROUND						
PROFESSIONAL ACCOMPLISHMENT AND INTEREST IN AREAS OF ACTIVITY COVERED BY						
IABMAS (SHORT DESCRIPTION)						
Signatu	ire	Date				

Please complete this application and e-mail to: jskong@korea.ac.kr