



IABMAS Korea Group

International Association for Bridge Maintenance and Safety

APPLICATION FOR COLLECTIVE MEMBERSHIP

Name for Organization		
Mailing Address		
E-mail Address		
Contact Person	Name:	Title:

ACTIVITIES COVERED BY YOUR ORGANIZATION (SHORT DESCRIPTION)

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INTEREST IN IABMAS

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Signature _____

Date _____

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