

**International Association for Bridge Maintenance And Safety (IABMAS)
&
The Italian Group of IABMAS**

APPLICATION FOR COLLECTIVE MEMBERSHIP

• **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):**

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• **INTEREST IN IABMAS:**

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• **Signature:** **Date:**

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

Dr. Luca Sgambi
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