



IABMAS Australia Group

www.iabmas-aust.org



International Association for Bridge Maintenance and Safety

APPLICATION FOR COLLECTIVE MEMBERSHIP

(This application form can be downloaded from IABMAS Australia at <http://www.iabmas-aust.org/join.html>)

• **NAME OF ORGANIZATION:**

• **MAILING ADDRESS**

STREET:

CITY:

ZIP-CODE:

TEL:

STATE:

COUNTRY:

FAX:

• **E-MAIL ADDRESS:**

• **CONTACT PERSON**

NAME:

TITLE (Dr., Mr., Mrs., Ms., Prof.):

• **MAILING ADDRESS**

STREET:

CITY:

ZIP-CODE:

TEL:

E-MAIL ADDRESS:

STATE:

COUNTRY:

FAX:

• **ACTIVITIES COVERED BY YOUR ORGANIZATION (SHORT DESCRIPTION):**

• **INTEREST IN IABMAS:**

• **Signature:**

Date:

Please complete this application and e-mail to:

Dr. Colin Caprani, Secretary of IABMASAustralia, colin.caprani@monash.edu