



**International Association for Bridge  
Maintenance And Safety (IABMAS)  
&  
Brazilian IABMAS Group**

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**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**NAME:**

FIRST: ..... MIDDLE: ..... LAST: .....

**TITLE:**  Dr.  Mr.  Mrs.  Ms.  Prof.

**EMPLOYER:** .....

**MAILING ADDRESS:**

STREET: .....

CITY: ..... STATE: .....

ZIP-CODE: ..... COUNTRY: .....

TEL: ..... FAX: .....

**E-MAIL ADDRESS:** .....

**JOB TITLE:** .....

**CITIZENSHIP:** .....

**EDUCATIONAL BACKGROUND (DEGREE(S)):** .....

**PROFESSIONAL ACCOMPLISHMENT AND INTEREST IN AREAS OF ACTIVITY  
COVERED BY IABMAS (SHORT DESCRIPTION):**

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.....  
.....

**Signature:** ..... **Date:** .....

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

**Dr. Túlio Nogueira Bittencourt**  
Chair, Brazilian IABMAS Group  
Departamento de Engenharia de Estruturas e Geotécnica  
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