IALCCE
International Association for Life-Cycle Civil Engineering

APPLICATION FORM FOR COLLECTIVE MEMBERSHIP

• NAME OF ORGANIZATION:

• MAILING ADDRESS:
STREET: ____________________________
CITY: ____________________________ STATE: ____________________________
ZIP-CODE: ____________________________ COUNTRY: ____________________________
TEL: ____________________________ FAX: ____________________________

• E-MAIL ADDRESS: ____________________________

• CONTACT PERSON:
LAST NAME: ____________________________ FIRST NAME: ____________________________ MIDDLE INITIAL: ______
TITLE (Dr., Mr., Mrs., Ms., Prof.): ____________________________
STREET: ____________________________
CITY: ____________________________ STATE: ____________________________
ZIP-CODE: ____________________________ COUNTRY: ____________________________
TEL: ____________________________ FAX: ____________________________
E-MAIL ADDRESS: ____________________________

• ACTIVITIES COVERED BY THIS ORGANIZATION (SHORT DESCRIPTION):

• INTEREST IN IALCCE

• Signature: ____________________________ Date: ____________________________

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

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IALCCE Secretary General
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