

IALCCE

International Association for Life-Cycle Civil Engineering

APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP

- **NAME:**

LAST: _____
FIRST: _____ MIDDLE INITIAL: _____

- **TITLE** (Dr., Mr., Mrs., Ms., Prof.): _____

- **AFFILIATION:** _____

- **JOB TITLE:** _____

- **MAILING ADDRESS:**

STREET: _____
CITY: _____ STATE: _____
ZIP-CODE: _____ COUNTRY: _____
TEL: _____ FAX: _____

- **E-MAIL ADDRESS:** _____

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

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

- **Signature:** _____ **Date:** _____

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

Prof. Fabio Biondini

IALCCE Secretary General

Department of Civil and Environmental Engineering, Politecnico di Milano

Piazza Leonardo da Vinci, 32 - 20133 Milan, Italy

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