

IALCCE – LCM Workgroup

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 via e-mail to:

Jaap Bakker
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