

CIB/W114 membership application form

Japan Society of Seismic Isolation
JIA Building 2FL
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Dear Dr. Taiki Saito

I would like to be a member of CIB/W114. My personal data is as follows:

Title:	Prof.	Dr.	Mr.	Ms.	
Name:	_____		_____		_____
	Family Name		Given Name		Middle Name
Affiliation:	_____				
Address:	Home	Office	_____		
					_____ Zip Code
Country:	_____				
E-mail:	_____				
Tel:	_____				
Fax:	_____				
Topics of interest: Please check					
	1) Structural control including seismic isolation				
	2) Performance-based design				
	3) Performance evaluation and indication				
	4) Provision in each country				
	5) Design and construction practice of structures with control devices				
	6) Structural control devices				
	7) Other:				_____
Comments:	_____				