



Individual Membership Form

Personal information

Title: **Professor**

Gender: (M/F) **<M>**

Name: **<(LAST, First, Middle): Deng, Jian**

Suffix: **<please insert text here>**

Mailing address (Street or Postal Box): **955 Oliver Rd**

City: **Thunder Bay**

Province/State: **Ontario**

Postal code: **P7B 5E1**

Country: **Canada**

Email address: **jian.deng@lakeheadu.ca**

Website: **https://jdeng2.lakeheadu.ca/**

Phone number: **1-807-766-7164**

Fax number: **<please insert text here>**

Current affiliation: **Lakehead University**

Job title: **Associate professor**

Education Background

Highest degree received: **PhD**

Received from: **University of Waterloo**

Major: **Civil Engineering**

Professional background

Professional background relevant to GEOSNet:

Reliability and risk in geotechnical engineering

Main reasons for your interest in GEOSNet and potential contributions to the network:

Organize and attend conferences, review papers