



## Individual Membership Form

### Personal information

Title: **Dr.**

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

Name: **HU, I-Chou**

Suffix:

Mailing address (Street or Postal Box): **Oriental Technopolis Building A, 22nd FL., No. 112, Xintai Wu Road, Sec 1, Xizhi District New Taipei City 22102, Taiwan**

City: **New Taipei City**

Province/State: **Taiwan**

Postal code: **22102**

Country: **Taiwan**

Email address: **my.hu@maaconsultants.com**

Website: **www.maaconsultants.com**

Phone number: **886-2-26961555**

Fax number: **886-2-26961166**

Current affiliation: **Moh and Associates, Inc.**

Job title: **Senior Engineer / Laboratory Chief**

### Education Background

Highest degree received: **Ph.D.**

Received from: **National Taiwan University of Science and Technology, Taiwan**

Major: **Civil and Construction Engineering**

### Professional background

Professional background relevant to GEOSNet:

**Experiences in slope and foundation design**

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