



Individual Membership Form

Title: **Dr.**

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

Name: **Ning Liu**

Suffix:

Date of Birth: **1977/09/02**

Nationality: **China**

Mailing Address (Street or Postal Box): **4844 E. Michigan St., Apt 3**

City: **Orlando**

Province/State: **Florida**

Postal Code: **32812**

Country: **USA**

Email Address: **nliu@ardaman.com**

Website:

Phone Number: (001)**540.239.4018**

Fax Number: **407.859.8121**

Affiliation: **Tetra Tech**

Job Title: **Project Engineer**

Education Background

Highest Degree Received: **Ph.D.**

Received from: **Virginia Tech**

Major: **Geotechnical Engineering**

Profession Background

Expertise: **Geophysics, Geoenvironmental Eng., Geotechnical Earthquake Eng.**

Professional License(s):