

Geotechnical Safety Network

Individual Membership Application Form

Personal Information

Title: Mr. Mrs. Ms. Dr. Prof. Other _____ Gender: Female Male

Your Name: __ Baker _____(Last) __ W _____(Middle) __ Jack _____(First)

Suffix: _____ Date of Birth: __1977(year)/_10____(month)/_15____(day)

Nationality: __ USA _____

Mailing Address (Street or Postal Box): __ Terman Engineering Center, Room 240 _____

City: __ Stanford _____ Province/State: __ CA _____

Postal Code: __ 94305 _____ Country: __ USA _____

Email Address: __ bakerjw@stanford.edu _____

Website:

__ www.stanford.edu/~bakerjw _____

Phone Number: __ +1-650-725-2573 _____ Fax Number: __ +1-650-723-7514 _____

Affiliation: __ Stanford University _____

Job Title: __ Assistant Professor _____

Education Background

Highest Degree Received: __ PhD _____

Received from: __ Stanford University _____

Major: __ Civil Engineering _____

Profession Background

Experties: __ Reliability, Probabilistic Modelling _____

Professional License: _____

Please fill this FORM and return it to the Secretariat of the Geotechnical Safety

Network at: geosafenet@yahoo.com

