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Individual Membership Application Form

Personal Information

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

Your Name: Lee, Seung Rae

Date of Birth: _1958_(year)/_10_(month)/_03_(day)

Nationality: _____KOREA_____

Mailing Address (Street or Postal Box):_373-1 Kuseong-dong Yuseong-gu

City:_____Daejeon_____ Province/State:_____

Postal Code:_____305-701_____ Country:_____KOREA_____

Email Address:

_____srlee@kaist.ac.kr_____

Website: _____

Phone Number: ___+8242-869-3617___ Fax Number: ___+8242-869-3610_____

Affiliation: _____KAIST_____

Job Title: _____Prof._____

Education Background

Highest Degree Received: _____ph.D_____

Received from: Stanford University

Major:___Geotechnical

Engineering_____

Profession Background

Experties:___Numerical Simulation of Geotechnical Problems

: Slope Stability

: Consolidation

: In-Situ Properties of Soils

Professional License: _____
