

Geotechnical Safety Network

<http://geosnet.geotechnical.org>

Please download this form from the GEOSNet website and return it electronically to the Secretariat of the Geotechnical Safety Network at: muz@georisk.eu

Individual Membership Application Form

Personal Information

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

Your Name: ROBERTS (Last) ALAN (Middle) LANCE (First)

Suffix: _____ Date of Birth: 1975 (year) / 09 (month) / 21 (day)

Nationality: USA

Mailing Address (Street or Postal Box): 501 E. ST. JOSEPH ST.

City: RAPID CITY Province/State: SOUTH DAKOTA

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Email Address: Lance.Roberts@sdsmt.edu

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Phone Number: 605-394-5172 Fax Number: 605-394-5171

Affiliation: South Dakota School of Mines and Technology

Job Title: Assistant Professor

Education Background

Highest Degree Received: Ph.D

Received from: University of Missouri-Kansas City

Major: Geotechnical Eng.

Profession Background

Experties: Reliability-based design of shallow and deep foundations.

Professional License: Professional Engineer - Kansas and Missouri