IABSE Student Membership 가입 후원 신청서

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| --- | --- |
| First Name, Last Name |  |
| Date of Birth |  |
| Mailing Address |  |
| Email Address |  |
| Phone Number |  |
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**지원대상:** 2018년 기준 만 27세 이하의 학생인 KIBSE 회원 (91년생 이후 출생)**지원금액:** IABSE Student 회비 전액 (20CHF)**신청일시:** 2017.12.27(수) 까지 신청서 접수 |

상기와 같이 2017년도 IABSE Student Membership 가입 후원을 신청합니다.

2017.12.

신청인:

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