

Indiana Cave Survey - Application for Regular Membership

Name: _____ NSS#: _____

Address: _____ Date: _____

City/State/Zip: _____ I am an Associate Member

I wish to apply as a Regular Member under the following requirements (select at least one):

I have submitted **at least five** properly completed report forms (complete table on page 2) **and** have been a member of the ICS for at least two years. Member since: _____ 2-year membership verified

I have submitted **at least five** properly completed report forms (complete table on page 2) **and** have the following three sponsors who will attest to my character, reliability, and ability to contribute to the goals of the ICS. My sponsors are Regular/Contributing members and have been ICS members for at least two years.

Sponsor: _____ Verified

Sponsor: _____ Verified

Sponsor: _____ Verified

I am requesting a waiver from the Executive Board for one or more of the above requirements. I understand waivers will only be granted for extraordinary situations and I have attached an explanation clearly stating why the upgrade requirement(s) cannot be met. Waiver granted

This form must be completed and received by the President **at least 30 days** prior to the next meeting so that information can be verified. The voting membership attending the meeting will then confirm, deny, or defer the membership upgrade. The applicant, if present at the meeting, is encouraged to speak on his/her behalf.

AFFIRMATION: By signing this membership application, I agree to be bound by the Constitution, Bylaws, and rules of the Indiana Cave Survey, and will not share or distribute cave data found in the ICS database to anyone unauthorized to access such data. I further affirm that the information provided in this application is correct to the best of my knowledge and the submitted report forms have been submitted to the proper County Director.

Applicant's Signature: _____

As President, I have reviewed this application, verified the information provided, and taken all other actions such that the upgrade request can be presented to the membership for a vote.

President's Signature: _____ Date: _____

Submitted ICS Cave Report Forms

| | | |
|-----------------|--------------|---|
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
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| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |
| Cave Name _____ | County _____ | <input type="checkbox"/> Properly completed |

At least five report forms are required. "Properly completed" is at the discretion of the County Director but generally means all the location and field information is provided, topo dot, and preferably an entrance photo.