



OHIO CAVE SURVEY, INC. INDIVIDUAL MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

DATE OF BIRTH: _____

OVER AGE 18: YES _____ NO _____

I hereby apply for membership in the Ohio Cave Survey, Inc. I understand that membership guarantees no specific access to data or maps. I agree to abide by the bylaws and goals of the OCS and fully understand that any actions violating these rules may result in my dismissal from the organization.

Signature

Date

Signature of Parent/Guardian if under age 18

Date

DUES:

\$15 - Regular Membership (age 18 and older) (\$7.50 if joining between Jul 1 – Nov 30)

\$5 - Associate Membership (under age 18) (\$2.50 if joining between Jul 1 – Nov 30)

(If joining in December, the following year's dues are included.)

Mail application, with check payable to **Ohio Cave Survey, Inc.** to:

W. Gary Bush
Treasurer, Ohio Cave Survey
8238 Woodstream Dr.
Canal Winchester, OH 43110-8150

A 501(c)(3) Organization