



OHIO CAVE SURVEY, INC. ORGANIZATION MEMBERSHIP APPLICATION

NAME OF ORGANIZATION: _____

POINT OF CONTACT NAME: _____

POINT OF CONTACT E-MAIL: _____

POINT OF CONTACT PHONE NUMBER: _____

ORGANIZATION MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP+4: _____

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

Point of Contact Signature

Date

DUES:

\$30 - Organization Membership (\$15 if joining between July 1 and November 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