

IACP, Inc. Membership Application

Mail Membership Application and \$5.00 Membership Fee to:

IACP, Inc./Membership
1202 Deneece Terr.
Holly Hill, FL. 32117-3019

_____, 20____ (Date) _____ (Name)

_____ (Street Address)

_____ (City, State and Zip Code)

_____ I understand that by applying for membership to the International Association of Cemetery Preservationists, Inc. (I.A.C.P., Inc.), I must abide by the By Laws, Standards & Protocols and submit to training in the field of cemetery preservation & restoration. I agree to pay an annual membership fee of \$5.00, donate one afternoon per month to cemetery preservation & restoration. By applying for membership to I.A.C.P., Inc. I certify that I am not currently a member of any other cemetery preservation & restoration group that operates in the state of Florida. I agree that all data collected is the sole property of I.A.C.P., Inc. and all claims and copyrights remain with the group. I agree to not start my own cemetery preservation & restoration group within at least one year from leaving the membership roles of I.A.C.P., Inc., and hold all information as confidential and the property of I.A.C.P., Inc.

_____ I understand that by applying for membership to the, International Association of Cemetery Preservationists Inc, as a cemetery restoration & preservationist, I will donate a minimum of one afternoon per month to one of the cemeteries adopted by I.A.C.P., Inc. in the Volusia County area, or if living out of the state of Florida, I agree to donate a minimum of one afternoon per month to an abandoned 7/or neglected cemetery in my own area. I understand that failure to donate this time will result in my membership being revoked. I agree to keep all personal information about those interred in these cemeteries as confidential and any questions will be directed to the President or Vice President of I.A.C.P., Inc.

I agree to placing my Email address on the groups list to keep updated on upcoming cemetery cleanups. If there is no Email address available, I will give a current phone number so that I can be informed of the aforementioned events

_____ (Signature)

_____ (Email Address)

_____ (Phone Number)

_____ (Accepted by)

_____ (Reviewed by)

I, _____, agree that I will not use any information I have help acquire as a member of the International Association of Cemetery Preservationists, Inc. or the for private or public use. I will keep clients names, addresses and phone numbers confidential. I will not reproduce any photos or data without the express written permission of the founders of I.A.C.P., Inc. If I do, I understand that I.A.C.P., Inc. will prosecute me with all legal means at their disposal.

_____ I do not wish for my real name to be used in any future publications.

_____ My real name may be used in future publications.

_____ I.A.C.P., Inc. may not use any photos that I am in.

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Preservationists Agreement

I _____, agree that I will not use any information I have help acquire as a member of the International Association of Cemetery Preservationists, Inc. for private or public use. I will keep clients names, addresses and phone numbers confidential. I will not reproduce any photos or data without the express written permission of the founder of I.A.C.P., Inc. If I do, I understand that I.A.C.P., Inc. will prosecute me with all legal means at their disposal.

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Signature _____ Date _____ Witness _____ Date _____