| **IGS Technical Committee on Stabilization** | | |
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| **Membership ApplicaTion Form** | | |
| Name: | | |
| Gender: M F | IGS Membership #: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| E-mail: | | |
| **Employment Information** | | |
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | Position: | |
| City: | State: | ZIP Code: |
| **Interest on TC-S** | | |
| Please briefly explain the main motivation to join TC-S as a full member: | | |
|  | | |
| **References (optional)** | | |
| If desired, please provide the name of up to two TC-S members that you would like to include as references: | | |
| Name: | E-mail Address: | Phone: |
| Name: | E-mail Address: | Phone: |
| **Electronic Signature** | | |
| I hereby submit my membership application to the Secretary of TC-S:  (Please send completed form to [leos.hornicek@fsv.cvut.cz](mailto:leos.hornicek@fsv.cvut.cz)) | | |
| Name of TC-S applicant (typed): | | Date: |