

**ICAS Member Request/Proposal Form**

What is your request?

Why?

How much time is required?

When?

Who will be volunteering for this request?

How much will this cost?

Today's Date: \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Print Member Name)                      (Signature of Member)                      (Phone Number)

Email Address: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

**Board of Directors Vote**

Date Received: \_\_\_\_\_ # of Votes      \_\_\_\_\_Yes      \_\_\_\_\_No

Date Voted: \_\_\_\_\_ Board Decision: **Accepted or Not Accepted**

Motion: \_\_\_\_\_

President Signature: \_\_\_\_\_ Director Signature: \_\_\_\_\_