

TRA MEMBERSHIP APPLICATION

Applicant: (please type or print) All paperwork submitted MUST be original!!!!

Please fill out this section completely. This information will also be used to update the TRA membership records.

Please be sure that all information is LEGIBLE

Name _____ MI _____ DOB _____

Address _____ Male _____ Female _____

City _____ State _____ Zip _____

*E - Mail _____

Home Phone _____ Cell Phone _____

All applicants must be sponsored by a Regular TRA member.

All classes of new membership are a one-time fee of \$15.00.

The class of membership I am applying for is.... (check only one)

___ Regular Member (*age 18 or older*),

Proof of age or copy of your driver's license MUST BE ATTACHED

___ Family Dependent Member

(immediate family member to only include a legally married spouse, child or step child living at the same address as the Sponsor)

Relationship to the Sponsor _____

Proof of age or a copy of your driver's license MUST BE ATTACHED

The applicant needs only to complete the top section of the application, sign the Membership Agreement and have the Sponsor complete the Sponsor's section.

Each Applicant for Regular Membership ONLY must meet at least ONE of the following requirements. Please check all that apply.

___ Current, active and regular or full member of one of the NSS's internal organizations (grotto or section)

Organization _____ NSS# _____

An original signed letter, on official letterhead from an officer (other than yourself) of your grotto or section attesting to your current, active membership and that you are a regular or full member must be attached.

___ Current, active and regular or full member of one of the TRA Recognized Caving Associations. Currently those organizations are PSC, Scum Ridge, Stinkin Bottle Cavers, SVG and WVACS,.

An original signed letter, on official letterhead from an officer (other than yourself) of your Association attesting to your current, active membership and that you are a regular or full member must be attached.

___ I am attaching additional pages detailing my caving background, my current, active status as a caver and attaching signed reference letters supporting this application from two (2) Regular TRA members. These letters are in addition to my Sponsor. . **Each Regular TRA Member submitting a reference letter must provide all the same personal information as the Sponsor to verify TRA membership and update the TRA records.**

MEMBERSHIP AGREEMENT

I, _____ do hereby agree that if I am accepted for Membership in the
Applicants Name
Robertson Association that under penalty of suspension or loss of membership, to abide by the bylaws and
policies of the Robertson Association (TRA) and the Annual Membership Meeting (OTR).

Applicant sign here (must be original) Date: _____

Sponsor: (please type or print)

Please fill out this section completely. This information will also be used to update the TRA membership records.

Please be sure that all information is LEGIBLE

Name _____ MI _____ DOB _____

Address _____ Male _____ Female _____

City _____ State _____ Zip _____

*E - Mail _____

Home Phone _____ Cell Phone _____ NSS# _____

Grotto or Caving Organization affiliation _____ TRA# _____

Approximate year you joined TRA _____ # of Annual Membership Meetings (OTRs) attended _____

I _____ a Regular Member of the Robertson Association in good standing, do
TRA Member/Sponsor
hereby agree to sponsor the above named applicant.

TRA Member/Sponsor Signature (must be original) Date: _____

Applications must be received by the Membership Secretary no later than July 31st in order to allow time to properly evaluate the Application.

***An E-mail address will avoid the use of mail in verifying the information provided on this form**

Please mail completed application, a **Self-Addressed Stamped Envelope** and a check for **\$15.00** (US Funds only) payable to TRA. If you are submitting a check drawn on a non US bank there is a **\$2.00** processing fee that must be included along with the application fee.

A \$30.00 fee will be applied for any returned checks

To: Scott E. Baker, TRA Membership Secretary
5470 Logan-Thornville Road NE
Rushville, Ohio 43150
Questions? E-mail: smcavin@sbcglobal.net

Revised 04/01/2019

TRA use only:

Date Received _____ Check # _____ TRA Check _____

Date sponsor/organization contacted _____ Received _____

Approved _____ Disapproved _____ Card/Notification Issued on _____

Processed by _____ Entered On _____

Previous Versions of This Form are Obsolete