

# TRA MEMBERSHIP UPGRADE 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 \_\_\_\_\_ TRA# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ NSS# \_\_\_\_\_

**All applicants must be sponsored by a Regular TRA member.**

**Regular member upgrades are a one-time fee of \$5.00.**

\_\_\_\_ Family Dependent Member to Regular Member

Date you became a Family Dependent Member \_\_\_\_\_ and the name of the TRA member that sponsored you for Family Dependent Membership \_\_\_\_\_

Relationship to that Sponsor \_\_\_\_\_

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

**Each upgrade applicant for Regular Membership 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 a 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 31<sup>st</sup> 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 **\$5.00** (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](mailto: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***