

# TRA MEMBERSHIP UPDATE/NAME CHANGE & REPLACEMENT CARD APPLICATION

**Member: (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 \_\_\_\_\_ NSS# \_\_\_\_\_

Grotto or Caving Organization affiliation \_\_\_\_\_ TRA# \_\_\_\_\_

## **MEMBERSHIP AGREEMENT**

I, \_\_\_\_\_ a Member of The Robertson Association agree that under penalty of  
TRA Member  
suspension or loss of membership to abide by the bylaws and policies of The Robertson Association (TRA) and the Annual Membership Meeting (OTR).

\_\_\_\_\_  
TRA Member sign here (must be original)

Date: \_\_\_\_\_

**\*\*Replacement Card:** (Check the membership level that applies)

\_\_\_ Regular Member \_\_\_ Family Dependent Member \_\_\_ Life Member

**Name change:** Former \_\_\_\_\_

**Address Change:** Former \_\_\_\_\_

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

**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**

**\*\*For a replacement card please include 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

Please mail completed application to:  
Scott E. Baker, TRA Membership Secretary  
5470 Logan-Thornville Road NE Rushville, Ohio 43150  
Questions? E-mail: [smcavin@twc.com](mailto:smcavin@twc.com)

Revised 04/1619

## **TRA use only:**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ TRA Check \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Card/Notification Issued on \_\_\_\_\_

Processed by \_\_\_\_\_ Entered On \_\_\_\_\_

***Previous Versions of This Form are Obsolete***