

VERMONT CAVERS ASSOCIATION

MEMBERSHIP APPLICATION



Name: _____ Phone#1: _____ H W C

Address: _____ Ph#2 (optional): _____ H W C

_____ E-Mail: _____

If family membership, other family member names: _____

Caving Experience: None Some Lots

Vertical Caving Experience: None Some Lots

Cave Rescue Training: Weekend Orientation (year): _____ NCRC (level/year): _____

Are you a member of the National Speleological Society (NSS)? Yes No NSS# _____

Are you a member of any other grottos? Yes No Grotto: _____

How did you hear about the Vermont Cavers Association? _____

MEMBERSHIP DUES

Membership dues are due in January each year. If joining after June 30, you may submit payment for a half-year payment (\$6).

___ Regular Membership **\$12/year** Date Joining the VCA: _____

___ Family Membership **\$14/year**

___ Half-Year Membership **\$6/year**

___ Other: _____

Please make checks payable to **Vermont Cavers Association** and send with this form to:
Steve Hazelton
PO Box 222
Belmont VT 05730

Received: _____ Check # _____