

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 (\$4).

___ Regular Membership \$8/year or \$20/3 years

___ Family Membership \$12/year or \$30/3years

___ Half-Year Membership \$4/year

___ Other: _____

Date Joining the VCA _____

Make checks payable to Vermont Cavers Association and send with this form to:

Peter Youngbaer
3606 East Hill Road
Plainfield, VT 05667

For Office Use: Received: _____ Check # _____