TRA MEMBERSHIP UPDATE/NAME CHANGE & REPLACEMENT CARD APPLICATION

Please fill out this section completely. This inform records.	nation will also be used to update the TRA membership
Please be sure that all information is LEGIBLE	
	MI DOB
Address	
	State Zip
*E - Mail	
	one NSS#
Grotto or Caving Organization affiliation	TRA#
MEMBERS	HIP AGREEMENT
I,a Member o	f The Robertson Association agree that under penalty of
TRA Member suspension or loss of membership to abide by the and the Annual Membership Meeting (OTR).	bylaws and policies of The Robertson Association (TRA)
	Date:
TRA Member sign here (must be original)	
**Replacement Card: (Check the membership le Regular Member Family Dependent Men	
Name change: Former	
Address Change: Former	
-	
Approximate year you joined TRA # of	Annual Membership Meetings (OTRs) attended
	ahin Caaratary na latar than <mark>July 21St</mark> in arder to allow
	ship Secretary no later than July 31 ⁻ in order to allow
Applications <u>must be received</u> by the Members time to properly evaluate the Application. *An E-mail address will avoid the use of mail i	n verifying the information provided on this form
time to properly evaluate the Application. *An E-mail address will avoid the use of mail in **For a replacement card please include a <u>Self-Ac</u>	n verifying the information provided on this form ddressed Stamped Envelope and a check for \$5.00 (US ing a check drawn on a non US bank there is a \$2.00
time to properly evaluate the Application. *An E-mail address will avoid the use of mail in **For a replacement card please include a <u>Self-Ac</u> Funds only) payable to TRA. If you are submitting	n verifying the information provided on this form <u>ddressed Stamped Envelope</u> and a check for \$5.00 (US ing a check drawn on a non US bank there is a \$2.00 he application fee.
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Previous Versions of This Form are Obsolete

TRA Update Name Change & Replacement Form