## 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 Please be sure that all information is *LEGIBLE* \_\_\_\_\_ MI \_\_\_\_ DOB\_\_\_\_\_ Address \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_ \*E - Mail 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 Each upgrade applicant for Regular Membership must meet at least ONE of the following three requirements. Please check all that apply. 1. \_\_\_\_Current, active and regular or full member of one of the NSS's internal organizations (grotto or section) NSS# Organization 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 Dome, PSC, Scum Ridge, 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. 3. 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)	
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	
Address	
City	StateZip
*E - Mail Cell Phone	NCC#
Grotto or Caving Organization affiliation	
Approximate year you joined TRA# of Ann	
I a Regular Member/Sponsor hereby agree to sponsor the above named applicant.	er of the Robertson Association in good standing, do
hereby agree to sponsor the above named applicant.	
TRA Member/Sponsor Signature (must be original)	Date:
*An E-mail address will avoid the use of mail in ve	erifying the information provided on this form
Please mail completed application, a <u>Self-Address</u> Funds only) payable to TRA. If you are submitting processing fee that must be included along with the application include a note and I'll email you the link.	ed Stamped Envelope and a check for \$5.00 (US a check drawn on a non US bank there is a \$2.00
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: <a href="mailto:membership@otr.org">membership@otr.org</a>	Revised 06/17/2025
TRA use only:	
Date Received Check # TRA 0	Check
Date sponsor/organization contacted	Received
Approved Disapproved Card/Notificatio	n Issued on
Processed by Entered On	

**Previous Versions of This Form are Obsolete**