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* MI DOB Address ______ State Zip *E - Mail Grotto or Caving Organization affiliation_____ TRA# MEMBERSHIP REAFFIRMATION AGREEMENT ____a Member of The Robertson Association agree that under penalty of suspension or loss of membership to reaffirm and to abide by the bylaws and policies of The Robertson Association (TRA) and the Annual Membership Meeting (OTR). Date: _____ TRA Member sign here (must be original) **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 *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. If you prefer Venmo or PayPaI, please include a note and I'll email you the link. 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: membership@otr.org Revised 06/17/2025 TRA use only: Date Received Check # TRA Check Approved_____ Disapproved_____ Card/Notification Issued on_____

Previous Versions of This Form are Obsolete

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