



Parkersburg Area Grotto

Membership Application

Applicant Information (shaded information is published in the WVCaver)

Full Name: _____ Nickname: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State ZIP Code

Home Phone: () _____ Home E-mail Address: _____

Work Phone: () _____ Work E-mail Address: _____

Cell Phone: () _____ Date of Birth: _____

The PAG newsletter, "Subterranean Flyer" is available via the internet. **Do you need a copy mailed? Y / N**

Do you belong to other caving related groups or organizations? Please list below:

NSS # _____

Experience

Caving Experience: none very little some experienced _____

Vertical Caving: none very little some experienced _____

Cave Rescue: none very little some experienced _____

Cave Surveying: none very little some experienced _____

Membership Dues are \$20.00 per household and are due July 1st of each year.

Please list family members you wish to include in your membership:

Name	Relationship	Birthday	NSS #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Emergency Contact Information

Please fill in the following information for the person you wish us to contact in case of an emergency:

Full Name: _____ Relation: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State ZIP Code

Home Phone: () _____ E-mail Address: _____

Work Phone: () _____ Family Doctor: _____

Cell Phone: () _____ Family Doctor's Phone: _____

Please list current medications, health conditions or allergies which may require special attention.

Use reverse side if needed:

Disclaimer and Signature

By signing below I certify that my answers are true and complete to the best of my knowledge.

Applicant: _____ Date: _____
Print Name: Signature:

Updated 3/15/10

Send completed application and dues to:

PAG Membership, PO Box 176, Barlow OH 45712