SPRINGFIELD PLATEAU GROTTO
Membership Application Form

NEW MEMBERSHIP _____ **RENEWAL** _____ If so, last year of membership _____
NAME(S) _____ PHONE _____
ADDRESS _____ CITY _____
STATE ____ ZIP _____ E-MAIL (if applicable) _____

YEAR YOU FIRST ENTERED A NON-COMMERCIAL CAVE _____

NUMBER OF CAVES I HAVE VISITED (CHECK ONE): 0 _____ 1-10 _____
11-25 _____ 26-50 _____ 51-100 _____ 101-500 _____ OVER 500 _____

I AM INTERESTED IN (PLEASE CHECK ALL THAT APPLY):

CABLE LADDER CLIMBS	_____	SINGLE ROPE TECHNIQUES	_____
WETSUIT CAVING	_____	CAVE SURVEYING	_____
CAVE PHOTOGRAPHY	_____	CAVE DIVING	_____
CAVE STUDIES: BIOLOGY	_____	CAVE STUDIES: GEOLOGY	_____
CAVE RESCUE TECHNIQUES	_____	CAVE RESTORATION	_____

OTHER(S) _____

I HAVE EXPERIENCE IN (PLEASE CHECK ALL THAT APPLY):

CABLE LADDER CLIMBS	_____	SINGLE ROPE TECHNIQUES	_____
WETSUIT CAVING	_____	CAVE SURVEYING	_____
CAVE PHOTOGRAPHY	_____	CAVE DIVING	_____
CAVE STUDIES: BIOLOGY	_____	CAVE STUDIES: GEOLOGY	_____
CAVE RESCUE TECHNIQUES	_____	CAVE RESTORATION	_____

OTHER(S) _____

I HAVE CURRENT MEMBERSHIP IN (PLEASE CHECK ALL THAT APPLY):
NSS _____ (# _____) **MSS** _____ **MCKC** _____ **BCI** _____
ACCA _____ **CRF** _____ **OTHER GROTTOS**: _____
OTHER CAVE-RELATED ORGANIZATIONS: _____

HOW DID YOU COME TO KNOW ABOUT SPG? _____
_____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:
NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____

PHYSICAL LIMITATIONS _____

ALLERGIES OR OTHER CHRONIC MEDICAL CONDITIONS_____
_____

Membership fees: $20 plus $4 for each additional family member of the household
[Please send forms and fees to SPG, c/o Roy Gold, 4543 S. Crescent Ave., Springfield, MO 65804]