



Name _____

Address _____

Phone _____

Email _____

Please print clearly. All information here is for club and NSS use only, will not be used publicly. However, this information may be published in our CCCC phone directory for club members only and your name may be used in articles or to tag you in photos on the web. If you don't want any of your information above published in our phone directory or for use in articles online, please check this box -

CCCC membership is \$10 per year for one family (doesn't matter how many family members) or one individual. Family membership includes any number of people living at one address but do fill out one form for each person living at your address. Head of household must be 18 years old. You can pay with cash or check.

Just some extra information we'd like to know about you.

Is CCCC your primary NSS grotto/club? Yes No

Are you an NSS member? Yes No NSS number _____

Caving experience? Yes No

Vertical experience? Yes No

Do you have your own caving equipment? Yes No

Other caving interests of experience in - Cave Diving Photography

Mapping/Surveying Rescue

Conservation

Other _____

Non caving hobbies or interests _____

The following information is optional. This information is used in case of emergency or accident while on a caving trip.

Name and phone number of emergency contact person

Please list all medical conditions that may affect you as a caver (Heart Disease, Epilepsy, Allergies, etc.), along with any prescription drugs that you take on a regular basis that may be of importance to know such as insulin.

Thank You