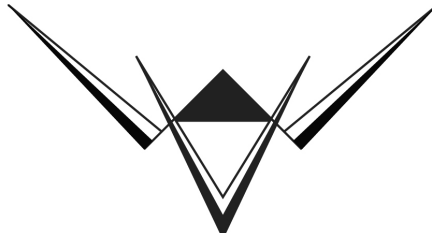


WEST VIRGINIA ASSOCIATION FOR CAVE STUDIES



MEMBERSHIP AGREEMENT

(Please write legibly)

This agreement is made and entered into this _____ day of _____ (month) in the year of 20 _____ by and between _____, hereinafter called the **Member**, and the West Virginia Association for Cave Studies, Inc., hereinafter called WVACS.

The goals of WVACS are:

- To promote the exploration and mapping of caves and karst areas. To promote the scientific study of caves.
- To promote the conservation and preservation of caves, not only to maintain their research potential, but also in recognition of caves as wilderness areas possessing their own unique qualities.
- To provide facility support for the furtherance of these goals.
- To maintain an active, adequately trained long term membership.
- To assure positive landowner relations.
- To acquire and assure access to caves.

Whereas the Member desires to work with WVACS in the furtherance of these goals, the Member agrees to work cooperatively with WVACS, and agrees as follows:

1. To acknowledge the inherent danger of underground research and exploration and to assume any and all risks arising out of participation in WVACS trips and expeditions. Further the Member hereby willingly waives any and all claim for personal injury against WVACS, any of its members, or property owners on or under whose land such injury might occur, by reason of any WVACS activities thereon.
2. To abide by all WVACS rules and policies as determined by the Board of Directors.
3. This agreement may be terminated either by the Member or by WVACS by written notice. In the event of termination, the Member agrees that the promises and covenants made by him or her in item (1) above, shall remain in force for a period of two (2) years from the date of such termination.

Intending to be legally bound by these statements, and agreeing that the information as provided on the Membership Application is true, thereby the parties of the Member and WVACS have hereunto set their hands.

SIGNATURES

Member Applicant (*required*): _____ Date: _____

WVACS Sponsor (*required*): _____ Date: _____

WVACS Membership Chair (*upon receipt*): _____ Date: _____

ASSOCIATE MEMBERSHIP APPLICATION DUES ARE \$30.00 PAYABLE TO WVACS

The dues cover you for the calendar year you are accepted as an Associate Member and for the following calendar year.

West Virginia Association for Cave Studies (WVACS) Associate Membership Application

Associate membership in the WVACS corporation grants you use of the WVACS Field Station and facilities without requiring the presence of a sponsoring regular member, and the opportunity to sit on committees.

Associate membership officially begins when this completed form and your annual dues are officially received and introduced at the next regular membership meeting. You will receive a copy of the WVACS bylaws, Field Station rules, and other important information in the mail after your application is processed. The duration of associate member status is at least 6 months, and may be up to 12 months. This period is an opportunity for you to learn about WVACS, its projects, and to get to know the members. It is also an opportunity for the membership to get to know you. After at least 6 months, and before your 12 month associate term expires, the general membership will vote to determine whether you become a regular member. Regular membership privileges include holding office, voting, and sponsoring guests. Field Station keys are available only to regular members for a nominal fee. Associate dues are \$30.00 and payment should be made to WVACS at the address above.

Fill in the following information as completely as possible; leave blank items that do not apply. *Please write legibly.*

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____ NSS Number: _____

Cell/Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Sponsoring WVACS Member: _____

Caving References:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Other cave organization affiliations (if any), including Grottos:

Organization	Years of Membership	Offices Held (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe why you would like to become a member of WVACS and your experience as a caver: _____

Special Interests (e.g., surveying): _____

In the event of an emergency, please notify:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Mail Completed Form To:
Chuck Frostick
WVACS Membership Chair
PO Box 6885
Charleston, WV 25362-0885

A payment of \$30.00 must accompany this application for your Associate Membership to be processed.