



Membership Application

MEMBER INFORMATION (Please print legibly)

Name Home Phone _____

Address _____ Other Phone _____

City _____ State _____ Zip _____

E-mail Address _____

Special Health Considerations (allergies, prior injuries, medical conditions, etc.) _____

Emergency Contact _____ Phone _____

Are you an NSS Member? YES NO NSS Number _____

Is BATS your primary grotto? YES NO T-Shirt Size XS S M L XL XXL

Other Grotto Affiliations _____

What aspects of caving interest you? _____

ANNUAL MEMBERSHIP DUES

- NEW MEMBER**
 - Joining in 1st quarter (Jan – Mar) \$15.00 \$ _____
 - Joining in 2nd quarter (Apr – Jun) \$12.50 \$ _____
 - Joining in 3rd Quarter (Jul – Sept) \$10.00 \$ _____
 - Joining in 4th Quarter (Oct – Dec) \$7.50 \$ _____
 - RENEWING MEMBER** \$15.00 \$ _____
 - NSS DISCOUNT (less \$5)** -\$5.00 \$ _____
- NSS Number _____ Total \$ _____

Membership expires on 12/31 of the current calendar year.

RELEASE OF LIABILITY

I, the undersigned, being desirous of caving, exploring, or otherwise entering upon and under land and premises, and being aware of the risks and hazards inherent in caving, and having elected voluntarily to participate, do hereby release fellow cavers and all persons, unincorporated associations, and corporations from any and all liability either in law or equity for any injury, death, or damage which might ensue. This release shall bind myself and my heirs and/or representatives.

As a member of the Battlefield Area Troglodyte Society (BATS Grotto) of the National Speleological Society. I agree to uphold the Constitution, Bylaws, and policies of the BATS Grotto.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

(if applicant is under age of 18)

Please submit along with dues payment to Cheryl Jones, 1865 Old Meadow Rd, Apt 202, McLean, VA, 22102
Or pay with PayPal from the BATS Website.