



NACD MEMBERSHIP APPLICATION



Name _____ Male or Female _____

Address _____

City _____ State _____ Country _____ Zip _____

Phone Home (_____) _____ - _____ Business (_____) _____ - _____

E-mail Address _____ Website _____

For voting privileges a member must be a NACD Full Cave Diver or show proof of equivalent. Please attach a photocopy or other facsimile of your certification card. Membership is one year from anniversary date of joining the NACD.

Certifying agency: Circle NACD NSS-CDS TDI GUE IANTD OTHER _____

Level of Training: Circle CAVERN INTRO-TO-CAVE APPRENTICE FULL CAVE

MEMBERSHIP CATEGORY

Please check the appropriate box

Membership type	1 year	3 year	5 year	10 year	Life
Individual	\$35	\$90	\$145	\$270	\$550
Individual - International	\$50	\$130	\$210	\$390	\$850
Family	\$55	\$130	\$205	\$450	\$600
Family - International	\$65	\$175	\$270	\$570	\$900
Business Facility (New)	\$110	\$240	\$360	\$660	\$1450
Business Facility (New) - International	\$170	\$330	\$480	\$840	\$1800
Business Facility (Renew)	\$90	\$225	\$350	\$630	N/A
Business Facility (Renew) - International	\$155	\$320	\$470	\$830	N/A

New Membership () Renewal ()

CONTRIBUTIONS

This is your invitation to help promote and maintain safety, conservation, education, exploration and research in the overhead environment throughout the world. Your thoughtful consideration of a donation to the NACD is greatly appreciated.

Amount: \$1,000 () \$500 () \$100 () \$50 () \$25 () Other \$ _____

Please indicate how you want your donation used:

Peacock Springs Fund ___ Cave Fund ___ Research/Exploration ___ Book Fund ___ General Fund ___ Other ___

Payment Method

Cash ___ Check ___ Visa ___ MC ___

Credit Card # _____

Expiration Date _____

Signature of Cardholder _____

The NACD is a Non-Profit Organization recognized by the IRS. Your contributions are tax deductible.

Please make checks payable to NACD, and mail to:

NACD

P. O. Box 14492
Gainesville, FL 32604

or fax with CC# to:
(888) 565-NACD (6223)