

Central Ohio Grotto Membership Application

Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email address: _____

NSS #: _____

Caving Experience: None__ Beginner__ Intermediate__ Advanced__

Vertical Caving Experience: Y N

Emergency Contact: _____ Phone: _____

How did you hear about COG?

___ (Please check) I have read and understand the Great Saltpeter Preserve Management Plan (GSPMP). I acknowledge that any violation of the GSPMP rules may result in disciplinary action up to and including dismissal from the Central Ohio Grotto.

Admin Use Only:

___ Applicant has attended at least 2 COG meetings within the last 6 months.

___ Applicant has gone caving with a COG member within the last 6 months.

_____ Executive Committee approval / disapproval.

Reason for disapproval, if necessary: _____