



FLORIDA SPELEOLOGICAL SOCIETY

Application for Membership and Membership Renewal.
Annual Fees: \$15.00 and \$5.00 for each additional family member.

I agree to abide by the NSS Conservation policy, which holds that: All contents of a cave, formations, life, and loose deposits are significant for their enjoyment and interpretation; therefore, caving parties should leave a cave as they find it. They should provide for a means of removal of waste, limited marking to a few small, and removable signs as they needed for surveys; and, especially exercise extreme care not to accidentally break or soil formations, disturb life forms, or unnecessarily increase the number of disfiguring paths through an area.

Name: _____ Phone: _____

Address: _____
(Street Address) (City) (State) (Zip)

Email: _____
(Florida Speleological Society will send club communications via email.)

Emergency Contact Name: _____ E.C. Phone: _____

Additional family members:

Name 1: _____ Phone 1: _____

Email 1: _____

Name 2: _____ Phone 2: _____

Email 2: _____

Signature: _____	Date: _____
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Please select payment method below:

I will pay by mail.

Florida Speleological Society
c/o Jerry Johnson
7130 NE 150th Ave
Williston, FL 32696-4954

I will pay electronically via PayPal.

Go to: <https://www.floridacaving.com/fss-membership/>