



Name \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail \_\_\_\_\_ 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 Appropriate):** NACD NSS-CDS TDI GUE IANTD TDI OTHER \_\_\_\_\_  
**Level of Training (Circle Appropriate):** CAVERN INTRO-TO-CAVE APPRENTICE FULL CAVE

**MEMBERSHIP CATEGORY**

Please circle the appropriate type/year

Membership Type	1 year	3 year	5 year	10 year	Lifetime
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 (Renewal)	\$90	\$225	\$350	\$630	N/A
Business Facility (Renewal) – International	\$155	\$320	\$470	\$830	N/A

**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 \_\_\_

<p><b>Payment Method</b></p> <p>Cash ___ Check ___ Visa ___ MC ___ AmEx ___ Discover ___</p> <p>Credit Card # _____</p> <p>Exp. Date _____</p> <p>Signature of Cardholder _____</p>	<p><i>The NACD is a Non-Profit Organization recognized by the IRS. Your contributions are tax deductible. Please make checks payable to <b>NACD</b>, and mail to:</i></p> <p><b>NACD</b>  P. O. Box 14492  Gainesville, FL 32604  or fax with CC# to:  386-497-3011</p>
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