

#### INTERNATIONAL SHOW CAVES ASSOCIATION

### Office of the President:

Friedrich Oedl Getreidegasse, 21A-5020 Salzburg, Austria Tel: +(43) 664 420 2882 oedl@oedl.at

## **Headquarters:**

Largo Leone XII60040 Genga, Ancona, Italy
Tel: +(39) 073 297 2108

Juanjo Tíscar - secretary@i-s-c-a.org

Francesca Serpentini - treasurer@i-s-c-a.org

# **MEMBERSHIP APPLICATION FORM**

NAME OF SHOW CAVE, ORGANIZATION OR INDIVIDUAL
ADDRESS OF SHOW CAVE, ORGANIZATION OR INDIVIDUAL
STATE OF SHOW END BY STATE OF
NAME OF CONTACT PERCON
NAME OF CONTACT PERSON
CONTACT NUMBERS (TELEPHONE & FAX)
E-MAIL ADDRESSES
WEBSITE
APPLICATION DATE (DD/MM/YYYY)





### **SELECT MEMBERSHIP TYPE**

O FULI	A MEMBER
1	APPROXIMATE ANNUAL VISITATION
O NATI	ONAL ASSOCIATION OF SHOW CAVES
	NUMBER OF SHOW CAVES REPRESENTED
O ASSO	CIATE MEMBER
	PLEASE LIST GOODS OR SERVICES PROVIDED
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]	BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO JOIN ISCA

### **MEMBERSHIP DUES SCHEDULE**

- i) Full Members
  - a) 20,000 or less visitors per year € 150 per annum
  - b) 20,001 to 60,000 visitors per year € 300 per annum
  - c) 60,001 to 100,000 visitors per year € 450 per annum
  - d) 100,001 to 200,000 visitors per year  $\upolesize{\in}$  700 per annum
  - e) More than 200,000 visitors per year € 1,000 per annum
- ii) National or Multinational Associations of Show Caves € 350 per annum
- iii) Associate Members € 75 per annum

### **INITIAL PAYMENT OF DUES**

When a new member joins the Association during the course of a year, their dues for that year will be determined by prorating the whole months until the end of the initial year. You will receive dues payment information after your membership application is approved, thank you.

