

# MEMBERSHIP APPLICATION

## SJ DIVE CLUB

Annual Dues: Make checks payable to SJ Dive Club

- \$30.00 per year Single
- \$50 per year Family (limit 2)
- Renewal

Name: \_\_\_\_\_ Birthdate (optional) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Certification Agency/Card Number: \_\_\_\_\_

Highest Level of Certification: \_\_\_\_\_

Other members you are including in your membership:

Name: \_\_\_\_\_ Level of Certification: \_\_\_\_\_

Certification Agency/Card Number: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

All members must read and sign the liability release attached to this form before being accepted for membership or participating in club events.

A membership roster may be provided to all members. This roster is intended for the exclusive use of members only. It is not to be sold, provided to or exchanges with other companies, organizations or individuals. Roster may include names, address, phone numbers and e-mail addresses of members.

Date: \_\_\_\_\_ Paid: \_\_\_\_\_

Membership Card Number: \_\_\_\_\_ Received By: \_\_\_\_\_