



Membership Form

 First Name MI Last Name

 Street Address

 City State Zip

Home Phone: _____

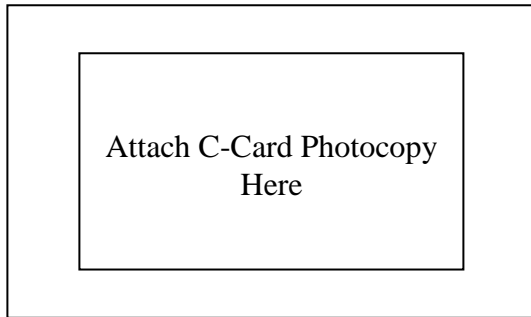
Work or Cell Phone: _____

Email: _____

Date of Birth: _____

Certification Status: OW AOW

Rescue DiveMaster/Instructor



Organization/C-Card Number _____ / _____

Certification Date: _____

Membership Fee \$50

Payable by CASH or CHECK # _____

Date Paid _____

Please note membership runs Jan 1 – Dec 31 each year

<u>Diving Specialties</u>	<u>Certified</u>	<u>Interested</u>
Search & Recovery Diver	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Repair	<input type="checkbox"/>	<input type="checkbox"/>
Deep Diver	<input type="checkbox"/>	<input type="checkbox"/>
UW Research	<input type="checkbox"/>	<input type="checkbox"/>
UW Photography	<input type="checkbox"/>	<input type="checkbox"/>
Wreck Diver	<input type="checkbox"/>	<input type="checkbox"/>
Night Diver	<input type="checkbox"/>	<input type="checkbox"/>
Altitude Diver	<input type="checkbox"/>	<input type="checkbox"/>
Enriched Air Diver	<input type="checkbox"/>	<input type="checkbox"/>
Boat Diver	<input type="checkbox"/>	<input type="checkbox"/>
Dry Suit Diver	<input type="checkbox"/>	<input type="checkbox"/>
Peak Performance Buoyancy	<input type="checkbox"/>	<input type="checkbox"/>
Diver Propulsion Vehicle Diver	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>