



C/- P O Box 3033
Richmond, Nelson

APPLICATION FOR MEMBERSHIP

Adult \$60, Family \$80, Student \$35

Name: _____

Partners Name: _____

Address: _____

Phone: Hm _____ Wk _____ Mob _____

Email: _____

Date of Birth: _____

Diver Certification Level: _____ Year Qualified: _____

(Please attach a copy of your card)

Past experience: i.e. _____ Approximate # of dives: _____

Type of Diving: _____

Is your gear equipped with:	Alternate Air Source	Yes	No
(Please circle)	Safety sausage	Yes	No
	Signalling device i.e. whistle	Yes	No

Boat Operators Certification: i.e. Day Skippers / Boat Master Yes No

(Please attach copy of certification)

Would you be available for fund raising and promotional activities for the club?
Yes No

I give permission for my contact details to be published in the monthly newsletter
Yes No

Signed: _____ Date: _____

Please enclose your membership fee. Your application will be processed and on acceptance a membership card will be forwarded.