

MEMBERSHIP APPLICATION FORM

This form should be completed and returned to your club secretary, to be forwarded to the Sub-Aqua Association head office.



Date

Dive club name

Dive club number

Membership number

New club member Manual required Existing club member

Surname

First name

Date of birth

Sex- Male Female

Address

Town

County

Postcode

Country

E-Mail

Telephone: Home

Mobile

Office use only	
Rec'd	Ent'd

Diving qualifications-

Social Trainee Snorkeller

Elementary diver Open water diver Club diver

Dive leader Dive supervisor Dive master

Instructor qualifications-

Snorkel Assistant Club

Open water Regional National

How many years have you been diving? 0-1 1-2 2-4 5+

Are you a member of any other diving organisation/s? Yes No

If yes please state