



Membership Form

 First Name MI Last Name

 Street Address

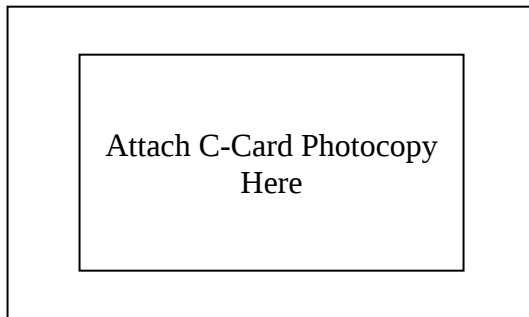
 City State Zip

Certification Status: Open Advanced

Rescue DiveMaster/Instructor Non Diver

Organization/C-Card Number _____ / _____

Certification Date: _____



Diving Specialties

Certified Interested

- | | | |
|--------------------------------|--------------------------|--------------------------|
| 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 _____ | | |

Membership Fee \$50

Payable by CASH or CHECK # _____

Coupon: 2-AIRFILL or 1-NITROX or 1-\$75 RENTAL

Date Paid _____