# SOUTH CHINA DIVING CLUB

# SOUTH CHINA DIVING CLUB

# GPO Box 11987, Hong Kong

Email: info@scdc.org.hk

# **Application for Membership**

Surname	First Name
Mobile	Email
Date of birth	ID Card No. (letter + first 3 digits)( ) xxx(x)
Diving qualification if any	When attendedNo. of Dives
Next of Kin	Next of Kin Phone

To complete the registration process, we need to receive from you:

- · the completed forms
- the membership fees for SCDC,
- the BSAC fees.

# Forms - there are 4 forms to complete:

- 1. SCDC Membership form (this one). This is for membership of South China Diving Club.
- 2. BS-AC membership form. All our members need to be members of BS-AC which is our governing body. This is their membership form.

We prefer that you pay BS-AC fees by credit card. Please fill in your credit card details at the end of the form. Let us know if you are unable to pay by credit card.

# 3. Medical Form

If you need to tick yes to any of the questions, let us know and we'll see what to do next.

### 4. Direct Debit form

We charge the HKD 100 monthly fees by direct debit each quarter. You will notice that the payment limit is set to HKD 2000. This is because we lend Club equipment to trainees, so it gave us some protection if they run off with it.

## **SCDC Fees**

The fee for SCDC is \$100 per month. We charge the HKD 100 monthly fees by direct debit each quarter. However, since it sometimes takes a long time to set up direct debit payment, we would require \$300 from you for 3 months SCDC membership in advance; we will collect \$100 per month from your account from month 4.

#### **BSAC Fees**

All our members renew their membership in May and you pay pro rata to 30 April. For example if you start your BS-AC membership in September you will pay from September to April and the amount payable will be (8/12) x membership fee. If you prefer, leave the payment amount blank and we'll do the sums.

Office Use				
SCDC form	Keep by Secretary		SCDC fees received?	Y/N - amount
BS-AC form	Passed to BS-AC? (keep copy)	Y/N	BS-AC fees if any	Y/N - amount
Medical	Received (Keep by Secretary)	Y/N		
DD	Passed to Treasurer?	Y/N		

# DIRECT DEBIT AUTHORISATION 直接付款授權書

NOTE: Please complete and return this form to your banker. 住意:請依次第		Date 当期
Name of Party to be Credited (The Beneficiary) 根据之一方 (発尿人) SOUTH_CHINA DIVING CLUB	Bank No. 銀行編號 Branch No. 分行編號 0 0 4 5 8 3	Account No. 联户领域

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/香學與**見權本人/香學之下強起行。(經濟受金人或其往來即行不時給予本人/香等**與行之指示)自本人/香等之戰戶內轉戰予上達受益人。從每次轉應愈頭不辨胡錦以下相定之限頭。 本人/香等**可度本人**/香等之概行由銀**盟實践等棒域**強知患者已交予本人/香等。

如因其等种凝而含本人/苦等之幾戶出現該支(蔣令現時之獨支增加),本人/苦等顛共與及各別承接全部責任。

本人/各等同意如木人/各等之展产业禁足为政策立行政等授權轉載,本人/各等之銀行有權不予轉級,且銀行可收取使常之收費,並可關時以一是與普西班伯取治本規權書。

本授權書所繼續生效直至到行通知緣止或直止下列到期日爲止(以兩者中養早之日解降準)。

本人/哲等問意,本人/哲等取例或更改本授權書之任何通知,與於取納/更改生教日義少與侵工作天之前交予本人/哲等之銀行。

My/Our Bank Name and Branch *	人/音等之銀行及分符之名轉		Bank No.銀行職號	Branch No. #1746 K	My/Our Account No. 本人/斯等之場戶號碼
#My/Our Name(s) as recorded on S	Statement/Passbook #X/#1	F亞斯蒙/存提上所紀律之老僧	<u> </u>	<u> </u>	Contact Tel No. 黎斯曼斯顿民
†Limit for Each *Payment/Month 事实/月行教之開稿 \$2,000.00	†Expiry Date #MS Day S Month # Year #	My/Our Address as records	d on Statement/Pa	abook 本人/苦等在報	單/存施上所紀錄之地址
#Name of Debtor (V other than Acce	runt Holder) 直接人之地名(200	(展戶)分析人)	†My/Our Signam	(4)本人/音等之套名	
†Debtor's Reference (Compulsory I	field) 值技人参考(必谓之首)				
S C D C I For Bank Remarks Use Only Remarks		1 1 1 1		ACCIDICATION OF THE PARTY OF TH	Signatuse Verified

\*Please delete whichever it not appropriate. 用题去不调用者\*

#Please write in block letters. 親以英文正衡域等。

#### TNOTES NE:

- 3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account, 資保證 實产在此授權書內之資名,與數行逐戶所資權完全地減。
- 4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Martgage Agreement No., Rental Agreement No., atc. 在沒甚人之爭爭解句、說得一度內學說如一方之類領、相子說明、例如學生解析、美術也的學解等。

# **BSAC** Registration and Temporary Receipt





Noncatable market is a proposal and an another of Different Andrews Services (1997) and another the Control of			
Date of the minimum of the control of the minimum of the control o			TYPE OF MEMBERSHIP REQUIRED - tick as appropriate
Date of fair th.	Title Forename(s)		☐ Full diving membership
Address.  Addres	Surname Surname		□ Abated membership A *
Modern personal policy of the protect species of the service from the SSAC Subscription is greater than the service of the ser	Date of birth DD/MM/YYYYGender M/F		*If known, please insert the membership number of the full diving member resident at the same address as the abated member
Place Code   Security   Security	Address		The state of the s
Positions   Sometiments of the property of the position of the			☐ Junior diving membership (12 – 17 years)
Design To Date membership (non-driving)  Date of power of a date of the membership (non-driving)  Date of power			☐ Full Snorkel membership (with magazine)
Medical fall    Insurance   Description   De	Postcode Home Tel		☐ Snorkel membership (six years old and above)
BRANCH OFFICER USE ONLY   Branch No   BRANCH OFFICER USE ONLY   Branch No	Daytime Tel		☐ Associate membership (non-diving)
Have you been a member of SAN before?  If yes, when proceedings and the previous against an expense of the previous against and the previous against and the previous against an expense of the previous against against against an expense of the previous against agains	Mobile Tel		<ul> <li>Dual membership</li> </ul>
Have you been an emember of SAC beform \$  \texti	Email		
# purpose gets receive special offices and updates and either information from BSAC Stop us email, tick here:	Have you been a member of BSAC before? Y/N If yes, when:		and qualification if already a diver,
BRANCH OFFICER USE ONLY  Branch name	If you prefer not to receive important safety updates and other information from BS	SAC via email, tick here:	
Branch name	If you prefer <u>not</u> to receive special offers and updates from the BSAC Shop via ema	ail, tick here:	How did you hear about BSAC?
Branch name Branch No Branch Common renewal date (where applicable)	BRANCH OFFICER USE ONLY	RSAC MEMRERS	HIP Amount paid: BSAC Subscription £
Branch Officer name	Branch nameB	SUBSCRIPTION:	
Medical certificate checked  Number of months from the start of this membership to branch renewal date    Number of months from the start of this membership to branch renewal date	Branch common renewal date (where applicable)	YYYY	
IMPORTANT: in order to provide you with membership benefits the details provided by you on this form and in the course of your membership will be maintained on a database. I agree to abide by the rules of the British Sub-Aqua Club and acknowledge that I undertake soubal diving and any other underwater swimming and associated activities at my own risk and responsibility. I am not suffering from any physical complaint or allment which may jeopardise my safety or well being whilst taking part in such activities.  Signature  Date  D	Medical certificate checked	Branch Officer nam	
the rules of the British Sub-Aqua Club and acknowledge that I undertake scuba diving and any other underwater swimming and associated activities at my own risk and responsibility. I am not suffering from any physical complaint or allment which may jeepardise my safety or well being whish taking part in such activities.  Signature	Number of months from the start of this membership to branch renew	wal date Signature	Date DD/MM/YYYY
Please choose from the following  1. DIRECT DEBIT 2. CREDIT OR DEBIT CARD 3. BY CHEQUE  Pay by Direct Debit and receive a £5 DISCOUNT off the first year with our thanks  DIRECT DEBIT - the easiest way to pay The easiest way to pay your BSAC subscription is by Direct Debit. If your branch has registered with the branch levy scheme, you can also pay for your branch levy by Direct Debit. Please select one of the following to pay by Direct Debit.  Option A)  I would like to pay my BSAC Subscription by annual Direct Debit AND my Branch levy by Direct Debit.  Marméli of account telefer(s)  Branch M	This is a receipt for membership of: 1. A Branch of the British Sub-Aqu recognised Governing Body for the sport and incorporated under the C	ua Club - an unincorporated association of Members i	nterested in underwater activities. 2. The British Sub-Aqua Club, the
Please choose from the following  1. DIRECT DEBIT 2. CREDIT OR DEBIT CARD 3. BY CHEQUE  Pay by Direct Debit and receive a £5 DISCOUNT off the first year with our thanks  DIRECT DEBIT - the easiest way to pay The easiest way to pay your BSAC subscription is by Direct Debit. If your branch has registered with the branch levy scheme, you can also pay for your branch levy by Direct Debit. Please select one of the following to pay by Direct Debit.  Option A)  I would like to pay my BSAC Subscription by annual Direct Debit AND my Branch levy by Direct Debit.  Marméli of account telefer(s)  Branch M	HOW TO PAY	DAVMENT BY OPERIT OF REPIT OF	
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annual Direct Debit AND my Branch levy by Direct Debit.  My branch levy is £ per year, to be collected:			Signature(s)
My branch levy is £ per year, to be collected:	■ I would like to pay my RSAC Subscription by	Branch sort code	Signature(s)
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 Registration Form.indd
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# UK SPORT DIVER MEDICAL FORM









Any fee in respect of the medical examination is the responsibility of the person being examined. Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive.

#### www.uksdmc.co.uk

#### NOTES TO DIVER

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed overleaf).

## Please read carefully before completing this Self –Declaration Form

Divers answering "No" to all questions below should complete this declaration, deleting answer b), hand the original copy to your DO and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering "Yes" to any question below or are unsure on any area should delete answer a) and sign. They then must seek advice from a Medical Referee

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements to the Referee, the fee of £10.00 and a stamped self-addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.
- The Medical Referee may require a statement from your GP and/or to see you for examination (when a fee may be payable) and if you are found fit to dive, they will give you a completed Certificate of Fitness to Dive with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

### **Diver Medical Health Questionnaire**

- Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and
- 2 Have you at any time had chest or heart surgery?
- Have you suffered from or had to take medication for asthma?
- Have you ever had collapsed lung or pneumothorax?
- Have you ever had any other chest or lung disease?
- Have you suffered at any time from blackouts, fainting or recurrent dizziness?
- 7 Have you had regular ear problems in the past ten years?
- 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus
- 9. Have you ever had epilepsy or fits?

- Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?
- 12 Have you ever had any back or spinal surgery?
- 13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?
- 14 Have you any history of alcohol or drug abuse in the past five years?
- 15. Do you have diabetes?
- Are you currently taking any prescribed medication (except the contraceptive pill)?
- 17 Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury?
- Have you ever been refused a diving medical certificate or life insurance or been offered special terms?

Dated ..... Expiry Date .....

10. Have you had recurrent migrames?	19. Have you ever had, or been treated for, decompression timess?
ame	TelephoneE-mail
.ddress	Occupation
	Dive OrganisationBranch
Postcode	Date of birth Membership No
	"No" and that to the best of my knowledge, l am in good general health and
declare that I have not omitted any information which might be.  The answer to one or more of the above questions is "yes". I have not omitted any information which might be.	e relevant to my fitness for diving ave notified the Medical Referee whom I have asked to endorse this form
Signed(Signature of Parent or Guardian if under the age of 18)	Date
For completion by Medical Referee if required by applicant Please delete where applicable a) In light of verbal statements made to me I hereby endorse this sel	f-declaration form on behalf of the applicant

- Unless there is a change in the applicant's medical condition, they need not submit their self declaration form to a medical referee years. (Applicant should save a photocopy of this form for future years.) 2) for
- Having examined the applicant, I have issued a Certificate of Fitness to Dive

Signature of Medical Referee	Date

#### VALIDITY & STORAGE

Certificate of Fitness to Dive issued/not issued