

# PATOWMACK DIVERS

## DIVE CLUB

### Membership Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: office \_\_\_\_\_ home \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Why do you want to join our club?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE:

Certifications: BASIC SPORT ADVANCED

Specialities: \_\_\_\_\_

# Dives: \_\_\_\_\_ Date of last dive: \_\_\_\_\_

INTERESTS: recreational professional educational social

DISCLAIMER:

As a member/participant in club activities I take full responsibility for all my actions and hold the club harmless for any injury, illness or death while participating in club sponsored activities.

Signature Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date