



EXPLORERS DIVE CLUB APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell Phone: _____ Home Phone: _____

Certifying Agency: _____ Card No.: _____

Approx No. of Dives: _____ No. of Years Diving: _____

Dive Interests: (Check all that apply)

<input type="checkbox"/> New Jersey	<input type="checkbox"/> UW Photo/Video	<input type="checkbox"/> Spearfishing
<input type="checkbox"/> Boat diving	<input type="checkbox"/> Night diving	<input type="checkbox"/> Lobstering
<input type="checkbox"/> Wreck diving	<input type="checkbox"/> Quarry diving	<input type="checkbox"/> Inlet diving
<input type="checkbox"/> Tropical diving	<input type="checkbox"/> Decompression diving	<input type="checkbox"/> Ice diving
<input type="checkbox"/> Club dive vacations	<input type="checkbox"/> Artifact/Salvage diving	<input type="checkbox"/> Writing

Other dive interests: _____

Membership Fees

\$25 per individual/ \$30 per family per year (July – June).

Dues are not pro-rated if paid late.

Make checks payable to: **Explorers Dive Club**

IMPORTANT: Membership is contingent upon timely payment of dues, presentation of a valid C-card and a signed general waiver for club-sponsored dives.

Payment Rec'd: _____