



# PRE-DIVEMASTER MEMBER APPLICATION FOR TEXAS ONLY

OFFICE USE ONLY

# - \_\_\_\_\_  
Cert. Date \_\_\_\_\_  
By \_\_\_\_\_

## NOTICE TO INSTRUCTORS OR DIVE CENTER STAFF

Effective July 15, 1986, any diver in the state of Texas wishing to take a PADI Divemaster course must become a member of PADI prior to the beginning of the course, rather than after the course, as has been the policy previously.

This initial level of membership in PADI is offered to those persons previously certified as PADI Rescue Divers or equivalent. The benefit of this

membership is that such members may participate in courses of education offered by the association to its members. Please be reminded that nonmembers of PADI in the state of Texas may not enroll in Divemaster, Assistant Instructor, Instructor Development Courses, or Instructor Examinations (IDC/IEs). This procedure is in accordance with, and is required by, the Texas Education Agency.

## PLEASE PRINT CLEARLY

Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ TX Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

## PREREQUISITE INFORMATION

To join as a PADI Member, you must be certified as a PADI Rescue Diver or qualifying certification from another recreational diver training organization. (Attach photocopy of certification if non-PADI.)

PADI Rescue Diver Certification Date \_\_\_\_\_ DD / MM / YY Certification Number \_\_\_\_\_

PADI Rescue Diver Instructor Name \_\_\_\_\_ Instructor Number \_\_\_\_\_

## FEES

A processing fee must be included with this application.

**NOTE:** Upon completion of Divemaster Training, the fee for PADI Membership should be deducted from the Divemaster Application/Membership fee.

## PAYMENT METHOD

Check – See current price list for payment information.

Mastercard  VISA  AMEX  Discover  JCB

Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

Date \_\_\_\_\_

Amount \_\_\_\_\_

## CHECKLIST

- Completed identification information
- Completed prerequisite information
- See price list.

## SEND TO

Please mail all required materials (please see checklist) to:

**PADI Member Program**

30151 Tomas

Rancho Santa Margarita, CA 92688 USA