

BREAKAWAY DIVERS

MEMBERS INFORMATION FORM

First Name: _____

Surname: _____ Date of Birth: _____

Contact address: _____

Telephone Number: _____ Mobile Number: _____

E-mail address: _____

Date Membership Fee paid: _____

Are you already a qualified diver? (please tick) Yes No

If yes, what organisation have you qualified under? (e.g. PADI, SAA, BSAC) _____

What qualification/grade diver are you: _____

Approximately how many dives have you done this year and to date : _____ / _____

What is your preferred method for us to contacting you , please indicate 1-6 in order of preference, 1 being your first choice. Please put N/A where appropriate.

E - mail / Home Phone / Text / Postal Letter / Mobile / Personally

From time to time we use photos/videos of club events to publicise our club.

Please delete as appropriate:

I do/do not give permission for my photo/videos to be used in newsletters/ web site / diving DVD's / local press.

Please ask the secretary for an up to date Members Contact list.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18) _____

