

# MEMBERSHIP APPLICATION FORM

This form should be completed and returned to your club secretary, to be forwarded to the Sub-Aqua Association head office.



Date

Dive club name

Dive club number

Membership number

New club member  Manual required  Existing club member

Surname

First name

Date of birth

Sex- Male  Female

Address

Town

County

Postcode

Country

E-Mail

<b>Office use only</b>	
Rec'd	Ent'd

Telephone: Home

Mobile

## Diving qualifications-

Social  Trainee  Snorkeller

Elementary diver  Open Water diver  Club Diver

Dive leader  Dive supervisor  Dive master

## Instructor qualifications -

Snorkeller  Assistant  Club

Open water  Regional  National

How many years have you been diving? 0-1  1-2  2-4  5+

Are you a member of any other diving organisation/s? Yes  No

If yes please state