

Date of Submission \_\_\_\_\_ PERSONAL INFORMATION (Please print) Address Date of Birth M/F Phone H\_\_\_\_\_C\_\_\_Email\_\_\_\_ Special Medical Conditions Emergency Contact \_\_\_\_\_Phone\_\_\_\_ DIVE RELATED INFORMATION Certifying Agency \_\_\_\_\_\_, Highest level \_\_\_\_\_\_ Date of Certification \_\_\_\_\_ # of dives \_\_\_\_ (Check all that apply) \_\_\_\_\_Night dive, \_\_\_\_\_Deep dive \_\_\_\_\_, Cold Water \_\_\_\_\_, Wreck dive \_\_\_\_\_, Cave dive Photographer, \_\_\_\_\_Nitrox, \_\_\_\_\_, Safety diver, \_\_\_\_\_, Dry Suit, \_\_\_\_\_Other Location of diving experience \_\_\_ (Check all that apply) \_\_\_\_\_Currently in another dive club, \_\_\_\_\_Held office in another club, \_\_\_\_\_ Willing to abide by all rules and regulations, \_\_\_\_\_Willing to coordinate a club function SIGNATURE \_\_\_ DATE\_\_\_\_ THIS APPLICATION IS NOT DIRECT APPROVAL INTO THE REC DIVERS, INC. A FORMAL VOTE MUST BE TAKEN FOR ACCEPTANCE FOR MEMBERSHIP. THE VOTE WILL BE At A MONTHLY MEETING (2nd Wednesday of each month). UPON ACCEPTANCE, ALL DUES AND APPLICABLE FEES MUST BE PAID PRIOR TO FULL MEMBERSHIP. ACTIVE MEMBERSHIP REQUIRES: MINIMUM ATTENDENCE OF THREE (3) MONTHLY MEETING PER YEAR, AND ONE (1) CLUB DIVE PER YEAR. ADDITIONAL INFORMATION: Please check items below as directed: I have signed and had witnessed my waiver I have attached a photocopy of both sides of my Dive Certification Card \_\_\_\_\_I allow my phone number and email address on Club website (OPTIONAL) \_\_\_\_\_ I want to be added to the Rec Divers, Inc email list. (OPTIONAL) I want to be listed on the Club's membership list (OPTIONAL) BOARD OF DIRECTORS ACCEPTANCE/REJECTION

PRESIDENT \_\_\_\_\_\_VICE PRESIDENT \_\_\_\_\_\_SECRETARY\_\_\_

MEMBERHIP\_\_\_\_\_TREASURER (When dues are submitted) \_\_\_\_\_