



CALIDIVERS SCUBA DIVING CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Occupation:

SCUBA BACKGROUND

Certification Agency:

Certification Number:

Certification Level:

Date Received:

Do you Keep a log? YES NO

Number of Dives This Year:

Number of Dives Last Year:

Number of Lifetime Dives:

Are you Covered Under Divers Insurance? YES NO If "Yes", which agency? _____

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

WHAT TYPE OF DIVING DO YOU LIKE?

Shore Boat Lobster Scallop Night Ice Photo Dive Travel

Other (*please specify*) _____