



Jervis Bay Divers Club Incorporated

PO Box 2 Huskisson 2540

APPLICATION FORM FOR MEMBERSHIP OF THE JERVIS BAY DIVERS CLUB INCORPORATED FAMILY MEMBERSHIP

[Members of the 'Family Membership' must co-habitat on the same premises]

Surname

Christian Name

Hereby apply that myself and family [whose names appear below] to become members of the Jervis Bay Divers Club Incorporated. In the event of our admission as members we agree that we will be bound by the rules and the by laws of the Association from time to time in force.

Signature of applicant _____ Being Number _____ on the application form. Date: _____

No	Christian Name	Date of Birth	Diver Yes/No	Instructional Organisation and Level achieved
1				
2				
3				
4				
5				

Brief resume of diving experience and any special interests in diving : _____

Contact Information [in order to communicate with you most effectively]

Address _____

_____ Post Code _____ Mobile Phone _____

Home Phone : _____ Work Phone : _____ FAX : _____

Email [please print clearly] _____ Occupation/s _____

Nomination : I _____ a member of the Jervis Bay Divers Club Inc. nominate the applicants ,whom are personally known to me , for membership to the Association.

Signature of Proposer : _____ Date : _____

Return this application and \$30 membership fee with photocopies of your certification cards to a committee member or
PO Box 2 Huskisson 2540

Committee Use only

Sign when sighting certification Card or Log

Name	Instructional Organisation	Level of Certification	Student Number	Signature of Committee Member

Membership fee Paid \$ _____ Date: _____

Entered onto Date Base Register _____ Date: _____

Membership Number : _____

Membership Card Issued _____ Date: _____