



# 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: \_\_\_\_\_