



Jervis Bay Divers Club Inc.

6 Womack Close, Berry, 2535

Email: secretary@jervisbaydivers.org

APPLICATION FORM 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 bylaws of the Association from time to time in force.

Signature of applicant _____ 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

Address _____ Post Code _____

Mobile Phone _____ Home Phone _____

Work Phone : _____ Email [*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 \$40 membership fee with photocopies of your certification cards to a committee member, mail to 6 Womack Close, Berry, 2535 or email to membership1@jervisbaydivers.org

EFT payments can be made to BSB 641-800 Acct # 036105185