

BAY AREA DIVERS _____ MEMBERSHIP APPLICATION
 Please provide E-mail address, birth month/day so we can update our records.

NEW ___ RENEW ___ DATE _____

JANUARY – DECEMBER ___ Individual (\$20)___ Family (\$30)___

(New Only) Half Yr. JULY – DECEMBER ___ Individual (\$10)___ Family (\$15)___

LIFETIME Individual (\$300)___ Family (\$450)___

Primary Members Name _____ Birthday Month ___ Day ___

Address _____ City _____ State ___ Zip _____

Telephone Cell _____ Home _____

E-mail Address _____

Partner/Spouse Members _____ Birthday Month ___ Day ___

Telephone Cell _____ E-mail Address _____ (if different)

Certification Agency & Cert Level _____

Diving Experience / Location _____

New Members: How did you hear about us?

Website _____ Dive Shop _____ Other _____

Voting: Family memberships have 2 votes –primary and spouse/significant other. If this isn't applicable to you, please designate 2nd voting member:

Designated 2nd Voting Member: _____

Other Family Members not listed above to be included on Family Membership:

Name	Birthday – Month/Day	Certification Level	Email Address (if different)

Photo Use Release:

I grant Bay Area Divers the right to post my photograph on their Facebook private group page, without payment. I understand that access to the photograph is limited to those approved by the group's administrators.

Sign _____

I grant Bay Area Divers the right to post my photograph on the Bay Area Divers website without payment. I understand that anyone on the Internet will be able to view the photograph.

Sign _____

The photo use releases will continue indefinitely unless I otherwise revoke them in writing.

Bay Area Divers, Inc.
Membership@bayareadivers.org

Collected by: _____ Paid: _____ Payment Type: _____ Date Paid: _____