

**BAY AREA DIVERS 2016 MEMBERSHIP APPLICATION**  
 Please provide E-mail address, birth month / day so we can update our records.

**Please attach a copy of all divers Certification cards**

NEW \_\_\_\_\_ RENEW \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/2016

JANUARY – DECEMBER Individual (\$20) \_\_\_\_\_ Family (\$30) \_\_\_\_\_  
 (New Members Only) Half Yr. JULY – DECEMBER Individual (\$10) \_\_\_\_\_ Family (\$15) \_\_\_\_\_  
 LIFETIME Individual (\$300) \_\_\_\_\_ Family (\$450) \_\_\_\_\_

**New Members: How did you hear about us?** (circle one)

**Website**      **Meet-Up**      **Dive Shop** \_\_\_\_\_      **Other** \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: Month \_\_\_\_ Day \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Partner: \_\_\_\_\_ Birth Date: Month \_\_\_\_ Day \_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (if different)

I wish to receive the BAD newsletter at the e-mail address above \_\_\_\_\_ or by US Mail at the address listed above \_\_\_\_\_

Certification Agency & Cert. #: \_\_\_\_\_

Diving Experience / Location: \_\_\_\_\_

**Family Members to be included on Family Membership:**

Name	Birthday - Month / Day	Certification Agency & Cert. #:	Email Address (if different)

Bay Area Divers, Inc P. O. Box 58404 Houston, TX 77258-8404  
[Membership@bayareadivers.org](mailto:Membership@bayareadivers.org)

Collected by: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_