

BAY AREA DIVERS 2018 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: ____/____/2018

JANUARY – DECEMBER 2018. Individual (\$20) _____ Family (\$30) _____

(New Only) Half Yr. JULY – DECEMBER 2018. Individual (\$10) _____ Family (\$15) _____

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

New Members: How did you hear about us?

Website _____ **Dive Shop** _____ **Other** _____

Primary Members Name: _____ Birth Date: Month ____ Day ____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Cell: _____ Home: _____

E-mail Address: _____

Partner/Spouse Members Name: _____ Birth Date: Month ____ Day ____

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

Certification Agency & Cert #: _____

Diving Experience / Location: _____

Other Family Members not listed above 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

Collected by: _____ **Paid:** _____ **Payment Type** _____

Date Paid: _____