

**BAY AREA DIVERS 2019 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: \_\_\_\_/\_\_\_\_/2019

JANUARY – DECEMBER 2019. Individual (\$20) \_\_\_\_\_ Family (\$30) \_\_\_\_\_

(New Only) Half Yr. JULY – DECEMBER 2019. 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](mailto:Membership@bayareadivers.org)

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

**Date Paid:** \_\_\_\_\_