

# The Seahorse Dive Club

Membership application form

Name First name: \_\_\_\_\_  
Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

E-mail (for newsletters etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Next of kin First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Contact telephone No. \_\_\_\_\_

Dive certification Affiliation: \_\_\_\_\_  
Level: \_\_\_\_\_  
Date: \_\_\_\_\_

Speciality training:	Speciality	Year
	_____	_____
	_____	_____
	_____	_____

Number of logged dives: \_\_\_\_\_

Diving experience (brief notes):

For office use  
Cert. checked

I wish to join the Seahorse Dive Club (2010/2011) and agree to abide by the rules of the club.  
I have completed the Liability Release and hereby submit it with this application.

Signature: \_\_\_\_\_

Parent's or Guardian's signature if under 18: \_\_\_\_\_

Date: \_\_\_\_\_

## Please select membership type:

- Adult full diving membership (£60 pa or £5\* pcm)
- Family / couple membership (£100 or £8.50\* pcm)
- Student full diving membership (£30 pa or £2.50\* pcm)
- Junior full diving membership (£30 pa or £2.50\* pcm)
- Social membership (non diving) (£10 pa)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please make cheques payable to  
"The Seahorse Dive Club".

Hand this form, your completed  
Release form and cheque to  
any committee member.

\* For new members joining part way through the year. The membership year runs from 1<sup>st</sup> April to 31<sup>st</sup> March. Payment will be from the beginning of the month of joining until the following 31<sup>st</sup> March. In all cases, membership fees must be paid in advance to the end of following membership year. We cannot accept monthly payments.