



FOUR LAKES SCUBA CLUB

APPLICATION FOR MEMBERSHIP

www.FourLakesSCUBAClub.org

info@FourLakesSCUBAClub.org

Name _____ Date of Birth _____
Address _____ Email Address _____
City _____ State _____ Zip _____
Occupation _____
Telephone Home _____ Work _____

CLUB FEES:

Annual Memberships (May Anniversary): Single – \$24, Family – \$36 (check or click one)

EMERGENCY CONTACT (recommended)

Name _____ Phone Home _____ Work _____
Address _____ Email Address _____
City _____ State _____ Zip _____

TRAINING

Dive Certification Agency (YMCA, NAUI, PADI, SSI, Etc.) _____
Date and Location of Certification _____
Advanced SCUBA Training (Rescue Diver, Divemaster, Specialties, Etc) _____
Advanced Life Saving _____ First Aid _____ CPR _____
Other Related Training (WSI, Boating, Specialties, Etc) _____

Areas of Interest (check all that apply)

SCUBA: Quarry Lake River Cave Ice Wreck Ocean Photo / Video

Other SCUBA _____

Other Interests, Hobbies, or Experiences _____

I, the undersigned, hereby certify that all the information given in this application is true and correct to the best of my knowledge and that I have no physical or mental impairments which would limit my participation in diving activities. I hereby apply for membership in Four Lakes SCUBA, Inc. and agree to abide by the constitution and the by-laws of the club. I, the undersigned, hereby release Four Lakes SCUBA, Inc. and its officers, members, and agents from any liability for damage, injury, or death to any person or property resulting from my participation in any Four Lakes SCUBA, Inc. activity.

Signature _____ Date _____