

BAY AREA DIVERS 2014 MEMBERSHIP APPLICATION

Please provide E-mail address, birth month/day so we can update our records.

New _____ RENEW _____ DATE: _____

JANUARY – DECEMBER 2014 Individual (\$20) _____ Family (\$30) _____

(New Only) Half Yr. JULY – DECEMBER 2014 Individual (\$10) _____ Family (\$15) _____

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

Name: _____ Birth Date: Month _____ Day _____

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

Cell #: _____ Home # _____

E-mail Address: _____

Occupation: _____

Certification Agency & Cert. # (Optional): _____

Diving Experience / Locations: _____

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

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

Occupation (Optional): _____

Other Family Members to be included on Family Membership:

BAD By-Laws state: A Family membership consist of a Primary Adult & their significant other & their dependent children under 18 yrs. old (under 26 if enrolled in college) & or dependent senior over 65 yrs. old living in the same household.

Name	Birthday Month / Day <i>(Year-for dependent children only)</i>	Certification Agency & Cert. # (Optional):	Email Address (if different)

Bay Area Divers, Inc P. O. Box 58404 Houston, TX 77258-8404

REVISED 04/06/13 CR