

# BAY AREA DIVERS 2015 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: \_\_\_\_/\_\_\_\_/2015

JANUARY – DECEMBER 2015 Individual (\$20) \_\_\_\_\_ Family (\$30) \_\_\_\_\_

(New Only) Half Yr. JULY – DECEMBER 2015 Individual (\$10) \_\_\_\_\_ Family (\$15) \_\_\_\_\_

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

**New Members: How did you hear about us?**

**Website**      **Meet-Up**      **Dive Shop** \_\_\_\_\_      **Other** \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Partner: \_\_\_\_\_ Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (if different)

I wish to receive the BAD newsletter at the e-mail address above \_\_\_\_\_ or by US Mail at the address listed above \_\_\_\_\_

Certification Agency & Cert. #: \_\_\_\_\_

Diving Experience / Location: \_\_\_\_\_

Family Members to be included on Family Membership:

Name	Birthday - Month / Day	Certification Agency & Cert. #:	Email Address (if different)

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**Bay Area Divers, Inc P. O. Box 58404 Houston, TX 77258-8404**  
**REVISED 03/15-JM**