

**BAY AREA DIVERS MEMBERSHIP APPLICATION**

New \_\_\_\_\_ RENEW \_\_\_\_\_ DATE: \_\_\_\_\_

**JANUARY – DECEMBER.** Individual (\$25) \_\_\_\_\_ Family (\$35) \_\_\_\_\_  
**(New Only) Half Yr. JULY – DECEMBER.** Individual (\$12.50) \_\_\_\_\_ Family (\$17.50) \_\_\_\_\_  
**LIFETIME** Individual (\$375) \_\_\_\_\_ Family (\$425) \_\_\_\_\_

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

**Website** \_\_\_\_\_ **Dive Shop** \_\_\_\_\_ **Other** \_\_\_\_\_

Primary Member's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Partner/Spouse Member's Name: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Telephone Cell: \_\_\_\_\_

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

**Family membership has 2 votes** –primary member and spouse/significant other. If this isn't applicable to you, please designate 2<sup>nd</sup> voting member: \_\_\_\_\_

Family Members included on the Family Membership:

Names \_\_\_\_\_ Email address - if different \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These photo use releases will continue indefinitely, unless I otherwise revoke them in writing.

I grant Bay Area Divers the right to post my photograph on the Bay Area Divers website without payment. I understand that anyone on the Internet will be able to view the photograph.

\_\_\_\_\_

I grant Bay Area Divers the right to post my photograph on their Facebook private group page, without payment. I understand that access to the photograph is limited to those approved by the group's administrators. \_\_\_\_\_

[Membership@bayareadivers.org](mailto:Membership@bayareadivers.org)

Collected by \_\_\_\_\_ Paid \_\_\_\_\_

Payment Type \_\_\_\_\_ Date \_\_\_\_\_