



Full name

First Name Last Name

Date of birth



Month Day Year

E-mail

example@example.com

Club Membership Form

Fill out the form carefully for registration

Dive certification Level

Certification number

Dive agency

Number of logged dives

Membership package required

I confirm that all persons within my group:

Have no medical condition which may impact my participation

Have read and agree to all terms and conditions (These can be found on the website)

Have read and agree to the membership principles

Date signed



Month Day Year

Mobile Number