

**Bay Divers Club 2019/2020 Membership Application Form**

Name:

Address:

Postcode

Email address: Date of Birth

Contact telephone number:

Certification Agency: (ie. PADI, RAID, TDI, SSI, IANTD, BSAC etc)

Diving Qualification: (ie. Open Water, DM etc)

Maximum depth rating: Number of dives approx:

Next of Kin details:

Name:

Address:

Contact telephone number:

I would like to be added to the Bay Divers Club facebook page – delete as appropriate

|  |  |
| --- | --- |
| Yes | No |

If yes, please give your facebook name:

If you don’t have a facebook account would you like to receive texts notifying you of any up & coming club events:

|  |  |
| --- | --- |
| Yes | No |