

Sunshine Coast SCUBA Diving Club QLD Incorporated (Incorporated under the Associations Incorporations Act, 1982)

Application for Ordinary Membership

Contact Details

Surname: _____ Given Names: _____

Address: _____

Phone: (H) _____ (M) _____

Email: _____

SCUBA Certification

Level: _____ Agency: _____

Cert #: _____ Specialist Courses: _____

Diving Experience – Years: _____ Logged Dives: _____

(Please include a copy of your SCUBA Certification.)

Please note your application cannot be approved without a copy of your qualification

Medical Requirements

Please note that it is the responsibility of each individual member to ensure they are medically fit to dive.

Since your last dive medical assessment have you suffered any illness or injury which may affect your ability to dive?
(should you seek medical advice?) **Yes/No**

Are you currently suffering from any illness or injury that may affect your ability to dive? (should you seek medical advice?) **Yes/No**

Are you currently taking medication that may affect your ability to dive? (should you seek medical advice?) **Yes/No**

Signatures and Acknowledgements

I hereby apply to become a member of the above named association and agree to be bound by its rules and regulations. I acknowledge that neither the association, its committee members nor ordinary members shall be liable for any loss, damage or injury caused at any time and that all activities undertaken with the association shall be entirely at my own risk.

I acknowledge that the above information is true to the best of my knowledge.

I **agree/do not agree** to my contact information to be placed on the contact lists and circulated to other members. (This contact list is for members to be in contact and arrange 'non-club' dives when the opportunity arises.)

Applicants Signature: _____ Date: _____

Name of Proposer: _____ Signature: _____

Name of Seconder: _____ Signature: _____

Office Use Only

Membership Number: _____ Date of membership approval: _____

Fee Received: Yes/No Date: _____ Membership Receipt Number: _____