

**Divers Anonymous Scuba Dive Club  
New Member Registration Form**

Name: \_\_\_\_\_

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Telephone / Home: \_\_\_\_\_ Telephone / Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Telephone No: \_\_\_\_\_

How Did You Learn About Our Club? \_\_\_\_\_

Do you have any special diving interests? \_\_\_\_\_

Would you be willing to assist with any dive club activities? \_\_\_\_\_

Scuba Diver Information:

Certified Date: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

Highest Certification Level: \_\_\_\_\_ Approximate Number of Dives: \_\_\_\_\_

DAN Membership No: \_\_\_\_\_ Do you have current DAN Insurance? \_\_\_\_\_

Brief summary of dive experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Membership Dues Paid: \_\_\_\_\_

Signature: \_\_\_\_\_