



# Membership Form

Please fill out one application per family

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Training Certification #** \_\_\_\_\_

PADI  NAUI  NASDS  SSI  Other \_\_\_\_\_

**Advanced Training:**

Advanced Diver  Rescue  Dive master

Instructor  First Aid  CPR  Other \_\_\_\_\_

**Contact in Case of Emergency**

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

**Relationship:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work/Cell** \_\_\_\_\_

I, the undersigned, hereby certify that all the information given in this application is true and correct to the best of my knowledge and that I have no physical or mental impairments which would limit my participation in diving activities. I hereby apply for membership in the Adventure Divers Club and agree to abide by the Constitution and By-laws of the club. I hereby release Adventure Divers Club and Adventure Scuba, LLC and its officers, members, and agents from any liability for damage, injury, or death to any person or property resulting from my participation in any Adventure Divers Club or Adventure Scuba, LLC activity.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Annual Dues

- Single** \$35
- Family/Couple** \$65

Other Family Members:

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

For Office Use Only:

Member Name \_\_\_\_\_

Membership # \_\_\_\_\_

Date of Payment \_\_\_\_\_

Method of Payment:

Check # \_\_\_\_\_

Charge:

Visa  MC  Other

Cash to:

Adventure Divers Club

Adventure Scuba LLC

**Adventure Divers Club is affiliated  
with Adventure Scuba  
2301 N. Central Expwy #140  
Plano, TX 75075  
972-423-3483**