



**FINZ Scuba Club
MEMBERSHIP APPLICATION**
(Each diver must complete a separate form.)

Please print legibly

Name
Address1
Address2
City, State Zip
Occupation
E-mail
Birth Date

Home Phone #
Work Phone #
Cell Phone #
Fax #
Other Phone #
Alternate E-mail
Male/Female

Family Members:

Complete only if you are applying for family membership. Each **diver** must complete a membership form.

<i>NAME</i>	<i>Date of Birth</i>	<i>Diver (Y/N)</i>

EMERGENCY CONTACT: Name: _____ Phone: _____
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DAN SPONSOR #: 300815
DAN Number* _____
Exp. Date _____
DAN Insurance _____

*NOTE: All divers must be a DAN Member to be eligible to participate in FINZ endorsed dive trips.

Receive Newsletter via E-mail: (Y/N) _____

List in Members Directory: (Y/N) _____

I am interested in joining a committee:

Committee Interest: (Trips, Social Activities, Special Functions, etc.) _____

How did you hear about FINZ? _____

How long have you been diving? _____

Certifying Organization: _____

Certification Number: _____

Highest Certification Level: _____

Date Obtained: _____

Dive Shop Affiliation: _____

Member Signature

Date

Mail to:
FINZ Scuba Club
c/o Sharon Yates
4287 Beltline Road #384
Addison, TX 75001

FINZ USE ONLY:
Membership:
New _____ Renewal _____
Individual (\$50.00) _____
Additional (\$5.00) _____