



*P.O. Box 1461
Darwin NT 0801
www.dsac.com.au
E-Mail info@dsac.com.au*

APPLICATION FOR MEMBERSHIP

Diving **Student** **Social** **Temporary** Max 3 month or full fees

Name.....Occupation.....

Address.....

Postal Address.....

Phone A/H.....B/H.....Mob.....

E-Mail.....

Diving Certification.....Card No.....Experience.....

Date of last logged dive..... And last medical examination.....

Are you fit to dive..... If no please explain.....

Emergency contact and ph no.....

It is your responsibility to ensure that your state of fitness and the condition of personal dive equipment does not endanger yourself or other divers.

I agree to abide by the constitution and by-laws of the club as determined by the committee from time to time.

All new members must read the **Darwin Sub-Aqua Club SAFETY MANUAL** Tick Box if You have read and understand the Darwin Sub-Aqua Club Safety Manual.

All new members must be accompanied by a local diver for a minimum of their first 2 dives.

If the committee feels you skills need Refreshing/upgrading you may be asked to seek further training before undertaking any more dives with the club.

Do you have boat handling experience Yes.....No.....

Are you familiar with the local dive sites and conditions Yes.....No.....

Signature.....Date.....

This application was considered by the committee or committee members on
...../...../20

Approved and Dive Card Sighted **Yes / No** **By**.....

Membership fee paid \$.....**Receipt #**