

SARASOTA SCUBA CLUB, INC.

MEMBERSHIP APPLICATION P.O.BOX 504, SARASOTA, FL 34230-0504

Diver Name: _____ Date of Birth: _____

Spouse/SO: _____ Diver? Yes [] No []

Other Divers in Household: _____ Relationship: _____
_____ Relationship: _____

Street Address: _____ City/St/Zip: _____

Phone: Home: _____ Work: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Certification Card #: _____ Agency: _____ Year: _____

Training: ☐ Open Water ☐ Dive Master ☐ Nitrox
 ☐ Advanced ☐ Instructor ☐ DAN Oxygen
 ☐ Rescue ☐ Boat Captain ☐ Cavern/Cave

Dive Experience: Years: _____ Number of Dives: _____

Member of DAN (Divers Alert Network): Yes [] No [] Membership #: _____

Club Member Sponsor: _____

I want to join SSC be _____

I verify that I am 18 years of age or older.

Diver's Signature: _____ Date: _____

The following must be included:

☐ Completed application ☐ Copy of C-Card
☐ Signed Waiver (on reverse) ☐ Membership Dues

C-Card verified by: _____ Date: _____

New Member Voted in on: _____ Method of payment: [] cash [] check # _____