



Jersey Shore Divers

Membership Application

APPLICANT NAME: _____

EMAIL: _____

MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH _____

EMERGENCY CONTACT: _____

RELATIONSHIP _____ PHONE: _____

ARE YOU CERTIFIED: Yes ___ No ___ CERTIFYING AGENCY: _____ LEVEL: _____

No. OF DIVES: _____ DATE LAST DIVE: _____ PROBLEMS? NO ___ YES ___

IF YES, Please Explain: _____

ARE YOU A DAN (Divers Alert Network) MEMBER? YES ___ NO ___

DO YOU HAVE DIVE INSURANCE? YES ___ NO ___

REFERRED BY: _____

SIGNATURE: _____ DATE: _____

Please make checks payable to **Jersey Shore Divers** and mail to:
Jersey Shore Divers • PO Box 16 • Middletown, NJ 07748

www.JerseyShoreDivers.com
The Ocean is Open