

JACKSONVILLE SCUBANAUTS, INC.

(A Florida Not For Profit Corporation)

MEMBERSHIP APPLICATION

Name: _____ Date: _____
(Last) (First) (M I)

Address: _____
(Number & Street) (City) (State) (Zip)

Telephone: Home: _____ Work: (Optional) _____ Cell: (Optional) _____

Date of Birth: _____ Age: _____ Email: _____

Highest Certification Level Achieved: _____ Certifying Agency: _____

Specialty Ratings: _____

IN CASE OF EMERGENCY, NOTIFY:

Friend or relative: _____ Relationship: _____

Phone(s): _____ Address: _____

Physician or Hospital: _____ Phone(s): _____

I certify that I have no medical condition or impairment which would interfere in my engaging in all diving activities. If such a condition exists or arises that would interfere with my engaging in diving activities, I will immediately notify the Chairman of the Membership Committee (Vice-President).

(Signature of Applicant) (Parent or Guardian if under 18 years of age)

I further understand that under the Privacy Act (38U.S.C. 1671) information contained on this form may not be released or disclosed outside the Jacksonville Scubanauts, Inc., for any purpose without my written consent, except as provided for under U.S. Federal Law.

I will hold harmless the Jacksonville Scubanauts, Inc., its officers, members and directors in the event of any and all accidents occurring in connection with any Jacksonville Scubanauts, Inc., dive or function.

By submitting the completed Jacksonville Scubanauts, Inc., membership application, I certify that I have done the following:

- (1) That I have met with the Membership Chairperson and received this application and a copy of the Bylaws. Further, that I agree to abide by any reasonable requests of the Membership Chairperson, this including completion of further documentation, as required by the Membership Chairperson.
- (2) For Active Members only: That I have provided the original and one (1) photocopy (front and back) of my nationally recognized Scuba diving certification card to the Membership Chairperson. The Membership Chairperson, upon inspection, shall return the original certification card to the applicant and retain the photocopy.
- (3) I have read the Bylaws which I received along with this application. I agree to be bound and abide by them.

(Signature of Applicant) (Parent or Guardian if under 18 years of age)

CLUB USE ONLY

This application is recommended for consideration as required by the Bylaws of the corporation.

Date received: _____

(Vice-President) Accepted: _____ Rejected: _____

Comments: _____
