

United Divers of Central Massachusetts Membership Form

(revised January 1, 2018)

Name: _____ Date of Birth: _____

Address: _____

Mailing Address: (if different): _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

Type of Membership (annual)

Individual _____ \$25; Family* _____ \$40; Student _____ \$15; Active Military _____ \$15

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____ Address: _____

By signing below, I attest that I am in good health and of sound mind. I further attest that I have read and understand the UDCM bylaws and agree to abide by the rules, policies, and bylaws of United Divers of Central Massachusetts.

Signature: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

*If you selected "family" membership please include information for each family member on the next page. Each member and family member appearing on the membership form must also complete and submit a liability release each year.

Membership Form (continued)

(1) Name: _____ Date of Birth: _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

(2) Name: _____ Date of Birth: _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

(3) Name: _____ Date of Birth: _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

(4) Name: _____ Date of Birth: _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

(5) Name: _____ Date of Birth: _____

E-mail Address: _____ Phone #: _____

Include Information in Club Roster?

Address: Yes No; E-mail: Yes No; Telephone: Yes No

Certification Agency: _____ Level: _____ Date: _____

Date of Last Dive: _____

