Buxmont Dive Club Application for Membership

Primary Contact _____
(first) (initial) (last) (suffix)

Address _____

City/State/Zip _____

Home Number _____ Cell Number _____

Mail completed form to:
Buxmont Dive Cub
Attn: Membership
310 W. Broad Street
Harleysville, PA 19438

Type of Membership: □ Individual $25.00 □ Family $40.00 Make checks payable to Buxmont Dive Club
Enter the name of each family member, including the primary contact listed above. There is a maximum of two email addresses per member.

Member Name (first initial last suffix)	**Email Address**	**Minor?**	**Cert Level**
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	

Emergency Contact Information

Name: _____ Home Tel # _____ Cell # _____

By signing this application form, you agree to the following: Members assume all responsibility for participation in club activities and Buxmont Dive Club shall not be liable for any claims. By membership acceptance the member does hereby waive, remise, release, and forever discharge Buxmont Dive Club of and from all manner of actions, causes of actions, suits, accounts, claims and demands whatsoever which may arise by reason of any cause, matter or thing whatsoever arising out of activity of this association.

Signature: _____ Date: _____ Signature:_____Date: _____

You will receive your membership packet at the next dive club meeting you attend!