



United Divers of Central Massachusetts

Membership Form

Name: _____ Date of Birth: _____

Address: _____ (Include in Roster? Yes No)

Mailing Address (if different): _____

Email Address: _____ (Include in Roster? Yes No)

Phone: (____) _____ (Include in Roster? Yes No)

Certification Agency: _____ Certificate Level: _____ Date of Certification: _____

Do you keep a log? Yes No Lifetime Dives: _____ Number of Dives Last Year: _____

Type of Membership

New Membership	Renewal
<input type="checkbox"/> Individual...\$25.00	<input type="checkbox"/> Individual...\$25.00
<input type="checkbox"/> Associate...\$25.00	<input type="checkbox"/> Associate...\$25.00
<input type="checkbox"/> Family***...\$40.00	<input type="checkbox"/> Family***...\$40.00

Emergency Contact

In case of emergency, please contact:

Name: _____ Phone: (____) _____

Relationship: _____ Other Phone: (____) _____

By signing below, I attest that I have received a copy of the UDCM Bylaws and I agree to abide by the rules, policies and Bylaws of United Divers of Central Massachusetts.

By signing below, I attest that I am in good health and of sound mind.

Signature: _____ Application Date: _____

Signature of parent or guardian (where applicable): _____ Date: _____

Please make check payable to: "United Divers of Central Massachusetts"

Please note: The information you provide is for United Divers of Central Massachusetts use only. This information will not be sold or distributed to agencies or businesses for profitable or non-profitable means. The information you provide is for the sole purpose of United Divers of Central Massachusetts.

Newsletter Options

Please indicate your preference on receiving the monthly newsletter

(Note: if no selection is indicated, the default is for you to access the newsletter through the website)

Via Postal Mail

Via email

Via website

***If you selected the Family Membership, please complete the information on the next page



United Divers of Central Massachusetts

Membership Form (continued)

***If you selected the Family Membership, please complete one section for each member:

Name: _____ Date of Birth: _____
Email Address: _____ (Include in Roster? Yes No)
Phone: (____) _____ (Include in Roster? Yes No)
Certification Agency: _____ Certificate Level: _____ Date of Certification: _____
Do you keep a log? Yes No Lifetime Dives: _____ Number of Dives Last Year: _____

Signature: _____ Application Date: _____
Signature of parent or guardian (where applicable): _____ Date: _____

Name: _____ Date of Birth: _____
Email Address: _____ (Include in Roster? Yes No)
Phone: (____) _____ (Include in Roster? Yes No)
Certification Agency: _____ Certificate Level: _____ Date of Certification: _____
Do you keep a log? Yes No Lifetime Dives: _____ Number of Dives Last Year: _____

Signature: _____ Application Date: _____
Signature of parent or guardian (where applicable): _____ Date: _____

Name: _____ Date of Birth: _____
Email Address: _____ (Include in Roster? Yes No)
Phone: (____) _____ (Include in Roster? Yes No)
Certification Agency: _____ Certificate Level: _____ Date of Certification: _____
Do you keep a log? Yes No Lifetime Dives: _____ Number of Dives Last Year: _____

Signature: _____ Application Date: _____
Signature of parent or guardian (where applicable): _____ Date: _____

Name: _____ Date of Birth: _____
Email Address: _____ (Include in Roster? Yes No)
Phone: (____) _____ (Include in Roster? Yes No)
Certification Agency: _____ Certificate Level: _____ Date of Certification: _____
Do you keep a log? Yes No Lifetime Dives: _____ Number of Dives Last Year: _____

Signature: _____ Application Date: _____
Signature of parent or guardian (where applicable): _____ Date: _____