SOUTHERN FREEDIVERS INC.

PO BOX 213 BRUNSWICK, VIC 3056

APPLICATION FOR MEMBERSHIP

Name:.....

(Surname) (Given Names)

Date of Birth: ...../...../..... **Gender:** Male ☐ Female ☐

Home Address: .....

Suburb: ..... **Post code**:.....

Home Phone: ..... **Work Phone:** .....

Mobile: ..... **Forum User Name:** .....

Email address: .....

AUF Membership Number (if known): .....

EMERGENCY CONTACT DETAILS

Next of Kin: ..... **Phone No:** .....

FEE SCHEDULE ***All memberships run between July 1st and June 30th the following year.**

CATEGORY	CLUB FEE	AUF FEE	TOTAL	(Please Tick)
Membership fee (adult)	$ 25.00	$ 55.00	$ 80.00	☐
Membership fee (junior)	$ 5.00	$ 35.00	$ 40.00	☐

1. I hereby apply for membership to Southern Freedivers Inc. In doing so I have full knowledge that I will be participating in club activities, entirely at my own risk.
2. I also understand that there are risks associated with diving and I accept those risks.
3. I agree to abide by the rules and regulations of Southern Freedivers Inc.

Applicant's signature: ..... **Date:**...../...../20

Parent/Guardian Signature: .....*(if under 18 years of age)*

Contact list (Optional)

The purpose of the Southern Freedivers contact list is to distribute contact information nominated by club members to ALL club members, enabling members to contact each other for dive related matters. Information disclosed is entirely at the will of the individual and will not be distributed or sold under any circumstances outside of the Southern Freedivers Inc. Details included in the contact list will include NAME and SUBURB OF RESIDENCY as well as any information nominated below.

(Should you wish to remove your details from the contact list please contact a committee member.)

Please nominate contact details (if any) which you wish to disclose on the SFD contact list;

☐ Mobile Phone Number ☐ Home Phone Number ☐ Email Address ☐ Forum User Name

I agree to my details being added to the Southern Freedivers Inc group contact list.

Applicant's signature:.....