



**EXPLORERS DIVE CLUB
APPLICATION FOR MEMBERSHIP**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell Phone: _____ Home Phone: _____

Certifying Agency: _____ Certification Level: _____

Approx No. of Dives: _____ No. of Years Diving: _____

Dive Interests: (Check all that apply)

- | | | |
|----------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> New Jersey | <input type="checkbox"/> UW Photo/Video | <input type="checkbox"/> Spearfishing |
| <input type="checkbox"/> Boat diving | <input type="checkbox"/> Night diving | <input type="checkbox"/> Lobstering |
| <input type="checkbox"/> Wreck diving | <input type="checkbox"/> Quarry diving | <input type="checkbox"/> Inlet diving |
| <input type="checkbox"/> Tropical diving | <input type="checkbox"/> Decompression diving | <input type="checkbox"/> Ice diving |
| <input type="checkbox"/> Club dive vacations | <input type="checkbox"/> Artifact/Salvage diving | <input type="checkbox"/> Writing |

Other dive interests: _____

Travel Destination Interests: (Where do you want to dive?)

Membership Fees

\$25 per individual/ \$30 per family per year (July – June). Dues are not pro-rated if paid late.

Make checks payable to: **Explorers Dive Club**

Mail checks to: Explorers Dive Club
c/o Lisa Vesuvio
PO Box 142
Tewksbury, NJ 07979

Payment Rec'd: _____