

Caldicot Sub Aqua Club
Application for Membership – Qualified Diver

Please complete ALL sections and enclose photocopies of all qualifications listed.

Mr: Mrs: Miss:

Full Name:

Address:

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Post Code:

Date of Birth: / /

General level of fitness: (Please note: the enclosed 'UK Sport Diver Medical Form' must be completed, signed and returned with your application form)

BSAC Membership No:

BSAC Dive Qualification: (please state highest qualification)

BSAC Instructor Grade & Number:

BSAC Skill Development Courses: (Please give course reference and date)

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Date & location of last dive: / /

Number of Dives logged:

Current or previous BSAC Branch(es):

Date and reason for leaving: / /

Positions held in previous Branches (chairman, DO., etc.)

Special Interests in Diving (photography, wrecks, technical, instructing, etc.)

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Other Agency Qualifications: (please state agency and date of qualification)

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Expertise/Qualities/contribution you feel you could bring to Caldicot SAC.

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Signed:

Date: / /

Please note: Caldicot SAC reserves the right to refuse or restrict applications for membership.