

**Caldicot Sub Aqua Club**  
**Application for Membership – New Trainee**

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)

Swimming Ability: .....

Any Dive Qualification or Experience (e.g. pool 'try-dive or holiday resort course - please give dates & location) .....

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Please state any particular reason why you wish to start sub aqua training

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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.